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ABSTRACT

This plan was to establish goals and objectives for the development of a comprehensive service delivery system for Texans with developmental disabilities. Section 1 outlines: the mission and functions of the Council; the definition, incidence, and impact of developmental disability; the Developmental Disabilities Basic State Grant Program; and relevant actions by the Texas Legislature. The following two sections describe the organization, members, and staff of the Council and the Commission, which is the designated administering agency. Section 4 describes the mission of the Commission, issues and concerns which influence services for the developmentally disabled, the scope of services provided by the Commission and other state agencies, and priority service areas. Section 5 notes the long-range goals, 3-year objectives, and funding levels for the developmental disabilities program. Section 6 lists assurances made by the state of Texas in the area of program implementation. Appendices contain legislative materials, policy statements, a management agreement between the Council and the Commission, a list of Texas training and employment programs for disabled individuals, employee protection plan materials, and correspondence received concerning the state plan. (JDD)

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STATE PLAN

for Texans with Developmental Disabilities FY 1987-89

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Jointly Developed By:

Texas Planning Council for Developmental Disabilities
and Texas Rehabilitation Commission

1986

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Texas Planning Council
for Developmental
Disabilities

118 East Riverside Drive, Austin, Texas 78704
(512) 445-8867 TDD (512) 445-8004
Roger A. Webb, Executive Director

Lee Veenker, Chairman
Patricia J. McCallum, Vice-Chairman

July 15, 1986

The Honorable Mark White
Governor of Texas
State Capitol Building
Austin, Texas 78701

Dear Governor White:

On behalf of the Texas Planning Council for Developmental disabilities and the Texas Rehabilitation Commission, we are proud to submit this Texas State Plan for Persons with Developmental Disabilities for your review.

The purpose of the Plan is to set out goals and objectives for the development of a comprehensive service delivery system in Texas for persons with developmental disabilities. Developmental disabilities are chronic mental and physical disabilities that occur early in life. Persons with these severe disabilities need lifelong services which are individually planned so that they may achieve their maximum potential for independence, productivity and integration into the community.

During the past three years, the Texas Planning Council and the Texas Rehabilitation Commission have worked together to promote awareness of the service needs of Texans with developmental disabilities. We have participated in legislative and interagency task forces, and met with numerous legislators, policy-makers, advocates and consumers. As a result of these activities, we believe that this State Plan reflects a thorough knowledge of the basic issues and a clear vision of the long-range goals that must be achieved to create a comprehensive system of community services in Texas. We see the next three years as an opportunity for a new beginning for persons with developmental disabilities in our state and look forward to your continued support.

Sincerely,

Lee Veenker

Lee Veenker
Chairman
Texas Planning Council
for Developmental Disabilities

Vernon M. Arrell

Vernon M. Arrell
Commissioner
Texas Rehabilitation Commission

RW/VA/RD/ps

STATE PLAN

for Texans with Developmental Disabilities FY 1987-89

Jointly Developed By:

Texas Planning Council for Developmental Disabilities
and Texas Rehabilitation Commission

1986

DEVELOPMENTAL DISABILITIES

THREE YEAR STATE PLAN

1987-1989
Fiscal Years

State of

TEXAS

Submitted by:
The Texas Planning Council
for Developmental Disabilities

This State Plan is a joint endeavor of the Texas Planning Council and the Texas Rehabilitation Commission.

Lee Veerkes
Chairman
State Planning Council for
Developmental Disabilities

Commissioner
Texas Rehabilitation Commission

Roger A. Webb
Executive Director

Submitted: July 30, 1986

DEVELOPMENTAL DISABILITIES THREE YEAR STATE PLAN
1987-1989 Fiscal Years

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ACKNOWLEDGMENTS

The Texas Planning Council for Developmental Disabilities and the Texas Rehabilitation Commission jointly developed this FY 1987-89 Texas State Plan for Persons with Developmental Disabilities. The plan was completed under the supervision of Roger Webb, Executive Director of the Texas Planning Council and Joellen Flores Simmons, Assistant Commissioner for Special Programs of the Texas Rehabilitation Commission. Robbie J. Davis, Planner, authored and compiled this plan.

Appreciation is extended to staff members of the Developmental Disabilities Program and to the Texas Rehabilitation Printshop for producing this plan.

Special thanks go to members of the Texas Planning Council who spent many hours reviewing and commenting on sections of this document. The Planning Committee, under the leadership of Chairman Anita Anderson, was charged with responsibility for initiating and coordinating efforts to produce the plan. The committee's efforts resulted not only in successful completion of the State Plan as a task but also in a new mission statement and a series of long-range goals that will guide the Council into the future years.

Finally, appreciation is extended to staff of the state agencies and private organizations represented on the Texas Planning Council for their contributions of state plans, annual reports, and expert knowledge and advice regarding the service delivery system. Chapter 4 of this plan could not have been completed as an accurate reflection of the service delivery system without assistance from staff of the Texas Rehabilitation Commission, the Texas Department of Human Services, the Texas Department of Mental Health and Mental Retardation, the Texas Department of Health, the Texas Commission for the Deaf, the Texas Commission for the Blind, the Texas Education Agency, and Advocacy, Incorporated, the state protection and advocacy system for persons with developmental disabilities.

For additional copies of the Texas State Plan please contact:

Texas Planning Council for
Developmental Disabilities
Texas Rehabilitation Commission
118 E. Riverside Drive
Austin, Texas 78704

SECTION 1: DEVELOPMENTAL DISABILITIES: Definition and Impact

SECTION 1: DEVELOPMENTAL DISABILITIES: Definition and Impact

1.1 What are Developmental Disabilities?

Developmental disabilities are severe, chronic mental and/or physical impairments which occur at an early age, are likely to continue indefinitely, and have a pervasive effect on an individual's functional abilities and need for services.

In Public Law 98-527, the Developmental Disabilities Act of 1984 (DD Act), Congress stated its findings as follows:

(1) there are more than two million persons with developmental disabilities in the United States;

(2) individuals with disabilities occurring during their developmental period are more vulnerable and less able to reach an independent level of existence than other handicapped individuals who generally have had a normal developmental period on which to draw during the rehabilitation process;

(3) persons with developmental disabilities often require specialized lifelong services to be provided by many agencies in a coordinated manner in order to meet the persons' needs;

(4) generic service agencies and agencies providing specialized services to disabled persons tend to overlook or exclude persons with developmental disabilities in their planning and delivery of services; and

(5) it is in the national interest to strengthen specific programs, especially programs that reduce or eliminate the need for institutional care, to meet the needs of persons with developmental disabilities.

1.1.1 The Mission, Functions, and Long-Range Goals of the Texas Planning Council for Developmental Disabilities.

MISSION

It is the mission of the Texas Planning Council for Developmental Disabilities (Council) to facilitate the development of a comprehensive service delivery system in Texas which will enable persons with developmental disabilities to achieve their maximum potential for independence, productivity and integration into the community. The Council seeks input and involvement of persons with developmental disabilities, their families, service providers, advocates and persons involved with the service delivery system as it conducts its mission.

FUNCTIONS

The primary functions of the Council are to:

- Develop a state plan in cooperation with the Texas Rehabilitation Commission to comply with the federal Developmental Disabilities Act.
- Recommend developmental disabilities grant funding activities to the administering agency which support the state plan.
- Advocate for state and federal legislation, appropriations, and policies on behalf of persons with developmental disabilities.
- Monitor and evaluate the service delivery system in Texas and recommend system changes to the Governor, Legislature and state agencies.
- Promote public and private interagency coordination and consumer involvement to expand and improve the service delivery system.
- Provide the public with information which promotes positive attitudes about persons with developmental disabilities and facilitates their integration into the community.

LONG-RANGE GOALS

In order to address its mission, the Council drafted a set of ten long-range goals directed toward improving the Texas service delivery system. These goals outline the general targets of the Council's advocacy and planning efforts during the next three to five years.

The long-range goals of the Council are:

1. To improve the quality and increase the availability of health-related professional and paraprofessional services to persons with developmental disabilities.
2. To increase the availability of a full array of family support services.
3. To promote public and private school systems which are designed to increase independence, productivity and integration into the community for persons with developmental disabilities.
4. To increase the availability and stability of community living options and appropriate support services.

5. To promote development of programs and funding for services to persons with developmental disabilities who are unserved or underserved.

6. To promote the use of technological developments that enhance the potential of persons with developmental disabilities for maximum independence, productivity, and integration into the community.

7. To assist the State of Texas in developing a data management system that will facilitate effective planning, resource allocation, and evaluation of services to persons with developmental disabilities.

8. To increase the availability of meaningful, age appropriate activities for adults with developmental disabilities which increase their potential for independence, productivity, and integration into the community.

9. To facilitate the development of a comprehensive service delivery system in the area of employment-related activities for persons with developmental disabilities.

10. To promote consumer input and involvement in all activities of the Texas Planning Council for Developmental Disabilities and other public and private agencies.

1.1.2 The Federal Definition of "Developmental Disability"

P.L. 98-527 defines a developmental disability as:

"a severe, chronic disability of a person which -

(a) is attributable to a mental or physical impairment or a combination of mental and physical impairments;

(b) is manifested before the person attains age twenty-two;

(c) is likely to continue indefinitely;

(d) results in substantial functional limitations in three or more of the following areas of major life activity:

- self care;
- receptive and expressive language;
- learning;
- mobility;
- self-direction;
- capacity for independent living;
- economic self-sufficiency; and

(e) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated."

(Section 102 (7))

1.1.3 The Texas Application of the Federal Definition

Texas uses the federal definition of developmental disabilities. The federal definition is used in the grants program for determining eligibility for services, and is also referenced in all policies, procedures, planning, and advocacy documents and activities of the Council.

1.2 How Many People Have Developmental Disabilities?

Currently, Texas is relying on national prevalence estimates to determine how many people have developmental disabilities. The Council uses the Boggs and Henney estimate that the non-institutionalized population of persons with developmental disabilities makes up 1.57% of the general population.

Tables 1 and 2 contain estimates of the number of noninstitutionalized persons with developmental disabilities in Texas based on two different sources. Table 1 displays population projections generated by Chase Econometrics which are used by the Texas Legislative Budget Board and the Texas Rehabilitation Commission. Table 2 displays population projections generated by the Texas Department of Health, State Health Planning and Resource Development Program. The projections differ, but in general, they indicate that over 250,000 Texans with developmental disabilities are living in communities across the state, and that their numbers will be steadily increasing to approximately 280,000 by 1989.

One of the Council's long-range goals is to assist the State of Texas in developing a data management system that will facilitate effective planning and resource allocation in the area of services to persons with developmental disabilities. One of the Council's objectives under this goal is to advocate for funding of a statewide demographic survey to determine the prevalence and location of persons with disabilities.

In 1983-84, the Council and the Texas Rehabilitation Commission cosponsored a pilot demographic survey to develop a research methodology for obtaining valid and reliable prevalence information. The results of the project included a refined methodology and disability prevalence data for the five counties included in the pilot study.

TABLE 1

ESTIMATED NUMBER OF NONINSTITUTIONALIZED PERSONS WITH DEVELOPMENTAL DISABILITIES IN TEXAS

YEAR	GENERAL POPULATION[1]	DD POPULATION[2]
1985	16,099,000	252,754
1986	16,585,000	260,384
1987	16,952,000	266,146
1988	17,349,000	272,379
1989	17,743,000	278,565

(1) General population projections are based on spring, 1985 Chase Econometrics Projections.

(2) Estimates of the noninstitutionalized Texas developmental disabilities population are based on the Boggs and Henney estimate of the national prevalence of developmental disabilities of 1.57% taken from A Numerical and Functional Description of the Developmental Disabilities Population, EMC Institute, 1976.

TABLE 2

ESTIMATED NUMBER OF NONINSTITUTIONALIZED PERSONS WITH DEVELOPMENTAL DISABILITIES IN TEXAS

YEAR	GENERAL POPULATION[1]	DD POPULATION[2]
1985	16,128,395	253,215
1986	16,586,461	260,407
1987	17,072,392	268,036
1988	17,589,794	276,159
1989	18,140,714	284,809

(1) General population projections are based on December, 1984 projections of the Texas Department of Health, State Health Planning and Resource Development Program.

(2) Estimates of the noninstitutionalized Texas developmental disabilities population are based on the Boggs and Henney estimate of the national prevalence of developmental disabilities of 1.57% taken from A Numerical and Functional Description of the Developmental Disabilities Population, EMC Institute, 1976.

Although efforts to obtain state funding for a statewide demographic survey were unsuccessful in 1985, the need for accurate disability prevalence information for service planning and resource allocation in Texas remains. The Council recognizes that the population projections in this Plan, although useful, are not a substitute for a survey of the general population to determine the prevalence and location of persons with developmental disabilities.

Although most persons with developmental disabilities live in communities in Texas, there are a significant number who live in public and private institutions.

The Intermediate Care Facilities for the Mentally Retarded Program (ICF-MR) is the largest institutional program targeted for persons with developmental disabilities in Texas. It provides services for eligible persons with a primary diagnosis of mental retardation, and other developmental disabilities if the IQ is less than 75. There are 17 facilities (state schools and state centers) operated by the Texas Department of Mental Health and Mental Retardation which participate in the ICF-MR program. These institutions provided services to an average daily census of 9,406 clients in FY 1985. In 1984, there were 135 community-based ICF-MR facilities providing services to approximately 3,987 clients. Of these community-based facilities, 86 are privately owned and operated and 49 are publicly owned and operated.

There are eight state hospitals operated by the Texas Department of Mental Health and Mental Retardation which provide in-patient services to persons with mental illnesses. These institutions provided services to an average daily census of 4,716 in FY 1985. Approximately 300 persons with mental retardation received mental health services in the state hospitals during FY 1985.

In summary, there are approximately 13,700 persons with mental retardation receiving services in ICF-MR facilities and state hospitals in Texas. There are other persons with developmental disabilities living in nursing homes, non-ICF-MR institutions, private group homes, rehabilitation centers, and general hospitals but there are no accurate estimates available about their numbers.

1.3 How Do Developmental Disabilities Affect Individuals, Their Families, and Their Communities?

Because of their severe and chronic impairments, individuals with developmental disabilities are more vulnerable and less able to reach an independent level of existence than the remainder of the population of persons with handicaps. In order to achieve their maximum potential for independence, productivity and integration in the community, Texans with developmental disabilities require an array of services and supports that are individually planned and coordinated.

Families of persons with developmental disabilities bear the major responsibility for providing or arranging for care and services. Family members, particularly parents, are usually the first persons to observe functional disabilities in their children. It is incumbent upon families to provide care and to seek assistance. The needs and problems of family members with disabilities often strain the functioning of the rest of the family. These families are generally at higher risk for financial problems, emotional distress, and divorce than other families. In addition, some families are either not capable or not willing to initiate all the steps required to obtain appropriate services for their family member with developmental disabilities.

To a large degree, however, the extent to which persons with developmental disabilities reach their full potential in education, independent living and employment reflects the persistence and resourcefulness of families in advocating on behalf of their family members with disabilities.

Finally, appropriate care and support of persons with developmental disabilities in communities is a significant concern across Texas. Although developmental disabilities are rare, the number of Texans with chronic and multiple impairments is significant (at approximately 250,000) and is increasing. The existing service delivery system lacks the capacity to provide a basic level of services to all families who request assistance. There is a dramatic shortage of community-based residential services, and waiting lists for ICF-MR institutional care range from two to four years. There is a clear need for substantial additional resources from both the public sector and private sector to build a comprehensive service system in Texas which can begin to adequately address the demand for an array of community residential and support services.

1.4 What is the Developmental Disabilities Basic State Grant Program?

The Developmental Disabilities Basic State Grant Program is a federally-assisted State program designed to assure "... that persons with developmental disabilities receive the care, treatment, and other services necessary to enable them to achieve

their maximum potential through increased independence, productivity, and integration into the community." (Section 101 (b)(1))

The specific purposes of the Basic Grant Program, as outlined in Section 101 (b) (2) of Public Law 98-527, are as follows:

(a) to assist in the provision of comprehensive services to persons with developmental disabilities, with priority to those persons whose needs are not otherwise met under the Rehabilitation Act of 1973, or other health, education, or welfare programs;

(b) to assist States in appropriate planning activities; and

(c) to make grants to States and public and private nonprofit agencies to establish model programs, to demonstrate innovative habilitation techniques, and to train professional and paraprofessional personnel with respect to providing services to persons with developmental disabilities..."

The program works closely with the State Protection and Advocacy Agency"... to ensure the protection of the legal and human rights of all persons with developmental disabilities." The Executive Director of Advocacy, Inc., the Texas protection and advocacy system, is a member of the Council. In addition, per the Bylaws of Advocacy, Inc., a Council member serves on the Board of Advocacy, Inc. (Section 101 (b) (1))

In Texas, the developmental disabilities basic state grant program is administered and operated by the Texas Rehabilitation Commission on behalf of the Texas Planning Council for Developmental Disabilities as designated by Governor Bill Clements in 1982.

1.5 Developmental Disabilities State Law

The 68th Texas Legislature gave statutory authority to the Council through passage of House Bill 1985, effective August 29, 1983. The 69th Legislature amended the state statute through Senate Bill 118, codified in Chapter 112 of the Human Resources Code, Vernon's Texas Codes Annotated. The amended State Law, which became effective September 1, 1985, by reference, closely follows the federal DD Act. A copy of the DD Act is in Appendix 1.

The 69th Texas Legislature also authorized an appropriation to the Texas Rehabilitation Commission for the DD Program for the first time. This appropriation provides funding for grants management activities and is part of the required non-federal match for federal developmental disabilities funds.

SECTION 2: THE STATE PLANNING COUNCIL FOR DEVELOPMENTAL DISABILITIES

SECTION 2: THE STATE PLANNING COUNCIL FOR DEVELOPMENTAL DISABILITIES

2.1 What is the Council for Developmental Disabilities?

The Texas Planning Council for Developmental Disabilities is a planning body composed of 26 members. It includes persons with developmental disabilities, immediate relatives or guardians of persons with developmental disabilities, the State Protection and Advocacy System, representatives of the principal State agencies, higher education training facilities, local agencies, and nongovernmental agencies and groups concerned with services to persons with developmental disabilities. At least 50% of the Council membership must consist of persons with developmental disabilities or parents or guardians of such persons. Of that 50%, one-third must be immediate relatives or guardians of persons with mentally impairing developmental disabilities. At least one individual must be an immediate relative or guardian of an institutionalized person with a developmental disability. The membership of the Council is in full compliance with all provisions of the DD Act.

Members are appointed by the Governor for six-year terms. With respect to state agencies, the Governor appoints the chief executive officer from each of the principal state agencies to serve on the Council. The chief executive officer may serve as a member of the Council or may designate another staff person to be the agency representative. In addition, at least one agency staff person is assigned as an alternate to attend meetings the agency representative cannot attend. The length of the term of each agency representative is left to the discretion of individual agency commissioners. For all other categories of membership to the Council, members are appointed to six-year terms.

Council Responsibilities

The Council responsibilities conform to applicable sections of the DD Act. They include: developing the State Plan in cooperation with the State administering agency, the Texas Rehabilitation Commission; monitoring, reviewing and evaluating annually the implementation of the State Plan; reviewing state plans of other state agencies which provide services to persons with developmental disabilities; submitting to the Secretary of the Department of Health and Human Services (DHHS), through the Governor, periodic reports on the Council's activities, and keeping records and affording access thereto as the Secretary of DHHS finds necessary to verify such reports.

Other responsibilities of the Council are embodied in the Policies of the Texas Planning Council for Developmental Disabilities (Appendix 2). In general, the duties of the Council are to engage in and support activities which coordinate and strengthen services for persons with developmental disabilities.

2.2 Who are the Council Members?

Membership of the Texas Planning Council for Developmental Disabilities

Chair: Lee Veenker (Interested person)
Irving, Tx.

Vice-Chair: Patricia McCallum (Parent)
Seagoville, Tx.

Consumers

Jerry Hassell
Austin, Tx.

Mary Knott
El Paso, Tx.

Jann Steed
Schertz, Tx.

Mary Jane Clark
Pharr, Tx.

James McBryde
Abilene, Tx.

Parents, Guardians or Relatives of Persons with Developmental Disabilities

Lauro Guerra
Mercedes, Tx.

Opal Hatch Washington
Austin, Tx.

Debbie Francis
Dallas, Tx.

Angela Lamb
Amarillo, Tx.

Local Government/Nongovernmental Agencies

Gary Shreve
Monahans, Tx.

Ward Burke
Lufkin, Tx.

Relatives or Guardians of an Institutionalized Person with Developmental Disabilities

Tom Deliganis
San Antonio, Tx.

Citizens Group

Diana Fricke
Fort Worth, Tx.

Interested Persons

Gloria Drass
Fort Worth, Tx.

James W. Cooper, D.D.S.
Corpus Christi, Tx.

Governmental Agencies	Alternates
Joellen Flores Simmons Assistant Deputy Commissioner for Special Programs Texas Rehabilitation Commission 118 E. Riverside Dr. Austin, Tx. 78704	Frank Perdue Director of Mental Health, Mental Retardation and School Programs
Jaylon Fincannon Deputy Commissioner for Mental Retardation Services Texas Department of MHMR P.O. Box 12668 Austin, Tx. 78711	Rosalie Garcia ICF-MR Program Coordinator
Dr. Robert MacLean Deputy Commissioner for Professional Services Texas Department of Health 1100 W. 49th St. Austin, Tx. 78756-3199	(1) Dr. Gilbert Levine Director, Child Health Division (2) Helen Burt, Administer SSI Program
Janice Caldwell, Dr. P.H. Associate Commissioner for Services to Aged and Disabled Texas Department of Human Services P.O. Box 2960 Austin, Tx. 78769	Anita Anderson Statewide Coordinator of Services for Disabled Adults
Ron Mansolo Deputy Director, Programs Texas Commission for the Blind Travis County Administration Bldg. Austin, Tx. 78701	Bill Agnell Assistant Director, Client Services

Jill Gray
Director of Special Education
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Ann Smisko
Educational Program
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Larry Evans
Executive Director
Texas Commission for the Deaf
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Austin, Tx. 78711

William Eckstein
Coordinator of
Administrative
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Protection and Advocacy System

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Austin, Tx. 78752

Higher Education/Training Facilities

Ron Alexander, Ed.D.
Professor
Division of Education
University of Texas at San Antonio
San Antonio, Tx. 78285

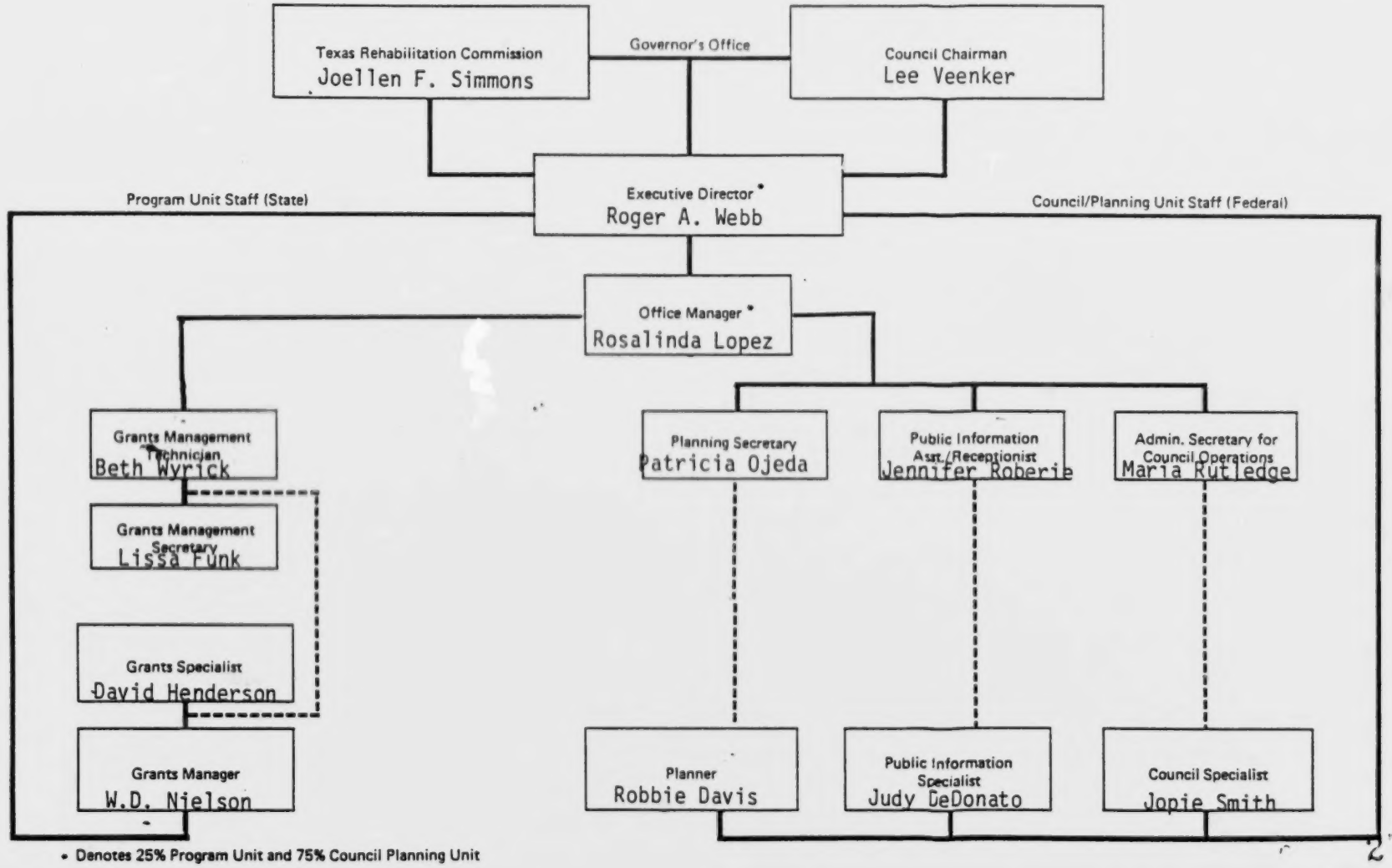
2.3 Who is the Council Staff?

The staff of the Texas Planning Council for Developmental Disabilities (TPCDD) is housed at the central office of the Texas Rehabilitation Commission:

Room 163
118 E. Riverside Dr.
Austin, Tx. 78704
512/445-8867

The staff is administratively divided into a Program Unit and a Council/Planning Unit. Figure 1 depicts the organizational chart of the TPCDD Program. As required by the DD Act, at least 65% of the federal funds are allotted to priority services grants. The remainder (35% of federal funds or less) is used to pay for planning grants, other service activities, and to maintain the operation of the Council and its planning and public information activities. Included in this category are salaries for staff who support Council operations, planning and public information.

Texas Planning Council for Developmental Disabilities



* Denotes 25% Program Unit and 75% Council Planning Unit

information. In general, state funds are used to support administration of the overall program and the fiscal, program, and monitoring activities of the grants program. The staff include:

Roger Webb
Executive Director

Robbie Davis
Planning and Research Specialist

Judy DeDonato
Public Information Specialist

Rosalinda Lopez
Office Manager

Beth Wyrick
Grants Management Technician

Patricia Ojeda
Planning Secretary

W. D. Nielson
Grants Manager

David Henderson
Grants Specialist

Jopie Smith
Council Specialist

Jennifer Roberie
Public Information
Assistant/Receptionist

Lissa Funk
Grants Management Secretary

Maria Rutledge
Administrative Secretary
for Council Operations

Major Responsibilities of Each Staff Position

Executive Director

The Executive Director of the Texas Planning Council for Developmental Disabilities is selected by the Texas Rehabilitation Commission and is responsible for directing Program unit staff and Council planning staff to implement federal law related to the DD Program. The Executive Director coordinates activities with the Council Chairman and is under the administrative supervision of the Assistant Commissioner for Special Programs of the Texas Rehabilitation Commission. Is responsible for coordinating activities with the Governor's office, legislators, and state, federal, consumer, and provider agencies to ensure implementation of policies in the State Plan. Recommends policy and work activities to the Council. Responsible for implementation of recommendations made by the Council.

Office Manager

Coordinates activities of the unit and serves as resource person for its operation. Acts as administrative secretary to the Executive Director. Hires and supervises support staff to ensure that unit and TRC policies and procedures are followed. Serves as

the unit's system administrator for its two independent microcomputer systems. Monitors the unit's operating budgets and handles confidential and technical administrative work.

Council Specialist

The Council Specialist acquires, maintains, and makes available information to the Council and Program staff to facilitate the planning, monitoring and advocacy mandate of the Council. Develops reports for the Council and Program staff regarding state/federal issues, assists the Council and the Planner in developing recommendations for Requests for Proposals, in the development of the State Plan and revisions, and in coordination of statewide forum(s). Assists with the review of grant applications. Acts as liaison to the Council and Committees in coordinating support activities of Council/Program staff. Performs as a liaison with state agencies and various consumer/advocate groups to facilitate accomplishment of the goals of the Council and assists the Executive Director to facilitate effective and productive Council and Committee meetings.

Administrative Secretary for Council Operations

The Administrative Secretary for Council Operations performs secretarial work for the Council Specialist, Council Chairman and Council members. Coordinates and makes all necessary arrangements for Council and Committee meetings. Is responsible for taking minutes in the Council meetings and processing all travel vouchers for the Council Specialist and Council members.

Planning and Research Specialist

Manages the overall planning process of the Council to ensure that planning requirements of the DD Act and administering agency are met. Develops the State Plan, TRC Long-Range and Implementation Plans. Coordinates the development of annual Requests for Proposals and assists with grant application and review processes. Drafts policies and procedures for the Council and administering agency. Provides staff liaison to developmental disabilities grant projects and reviews grant products. Reviews state plans of federally-assisted programs and prepares documents for public policy analysis and advocacy activities. Coordinates research activities on behalf of the Council, including data collection, technical assistance to funded research and evaluation projects, and reviews of federal research proposals submitted to the Texas Planning Council for comment.

Planning Secretary

Performs secretarial and technical duties to support the planning activities of the Texas DD Program. Acts as a program liaison by providing information about the DD Program. Assists grants management staff in the requests for proposal process from application through review process. Attends meetings that the Planning and Research Specialist is unable to attend, and develops reports summarizing these meetings. Creates and maintains a filing system of all planning materials and grant program procedures and materials.

Grants Manager

Manages the DD Program grant processes for the Texas Rehabilitation Commission from application to final report. Grants management provides training in program and fiscal reporting for all grantees at the beginning of each grant cycle, supervises and approves payment requests from grantees, coordinates the independent audit and review process, coordinates on-site visits to all grantees, coordinates with the administering agency to implement its monitoring responsibilities, reviews grantee workplans, and negotiates fiscal and program adjustments with applicants. Grants Management is also responsible for maintaining reports of grant-related activities to ensure compliance with program and federal regulations. Functions under the Executive Director and assists in the monitoring of state formula grant budgeting and expenditures.

Grants Specialist

Performs consultative and technical activities in monitoring grants awarded by the Texas Rehabilitation Commission on behalf of the Texas Planning Council for Developmental Disabilities. Responsible for processing and assessing compliance of grants with state/federal regulations. Conducts on-site visits and consultation with grantees to assure compliance with state/federal regulations. Develops and compiles reports of projects reviewed. Serves as acting Grants Manager in his/her absence. Works with other staff members on the grants cycle process. Is responsible to the Executive Director and supervised by the Grants Manager. Assists the agency in implementing its monitoring responsibilities concerning DD projects. Coordinates the annual Requests for Proposals process from application to independent review. Coordinates training for new and continuation grantees.

Grants Management Technician

Performs technical and statistical duties in the area of grants management under the direction of the Grants Manager. Supervises the Grants Management Secretary. Develops, maintains and processes grantee reports required by program regulations. Maintains grants management forms, reports, procedures, and the Grants Manual on micro-computer. Maintains a system to monitor grantee compliance with Program concerns. Assists with organization and coordination of grant-related conferences.

Grants Management Secretary

Responsible for performing clerical duties in the grants management section. Verifies accuracy and completeness of proposal workplans and all quarterly reports. Prepares vouchers for Requests for Advance or Reimbursement from grantees. Prepares various forms and correspondence for grants management section. Assists in assembling Grant Manual materials and in preparation of grantee conference materials. Assists the grants management technician in mailing various materials to grantees.

Public Information Specialist

Informs the public of the functions and activities of the Texas Planning Council and the needs of people with developmental disabilities. Targets information to influential groups and decision makers such as legislators, state agencies, consumer organizations, and DD Program grantees, concerning the priorities of the Council and ways in which to positively impact the service delivery system. Works with the news media to keep the public informed about the needs of people with developmental disabilities and ways in which to improve public attitudes and perceptions toward them. Writes and designs public awareness materials such as newsletters, annual reports, brochures, and audiovisual presentations. Reviews incoming newletters and other printed material for staff members. Plans and directs the Council's annual DD Program grantee dissemination conference.

Public Information Assistant/Receptionist

Assists the Public Information Specialist in dissemination of all public information materials. Provides secretarial support for the Public Information Specialist. Organizes and maintains the unit's mailing list. Coordinates distribution of the Council's public service announcements and other audiovisual productions. Assists with the planning and direction of the Council's annual DD Program grantee dissemination conference. Answers routine requests for information.

SECTION 3: THE ADMINISTERING AGENCY FOR THE DEVELOPMENTAL DISABILITIES PROGRAM

3.1 What is the Designated State Administering Agency?

The Texas Rehabilitation Commission (TRC) is the state agency designated by the Governor to administer the Texas Planning Council for Developmental Disabilities Program. Figure 2 shows the TRC Organizational Plan and Functional Chart and indicates that the Assistant Commissioner for Special Programs has oversight responsibility for the DD Program.

In 1983, the Council and TRC jointly developed a Management Agreement outlining their respective functions and responsibilities. The most recent Management Agreement was signed on March 16, 1984. (Appendix 3)

Under the Management Agreement, the administering agency is responsible for providing administrative support and fiscal management services to the Council. The TRC is responsible for hiring staff, securing material support, and for providing oversight and management of the grants program. Administrative services also includes legal, purchasing, auditing and printing. The Commissioner of TRC has final authority for approval of Requests for Proposals, designation of members of independent review panels for the grant review process, selection of funded projects, and for the disposition of grant appeals. TRC receives and disburses all federal and state funds on behalf of the Council. Finally, the administering agency is responsible for supervision of the administration of the State Plan, and for keeping records and providing access to them by the Council and the Secretary of the DHHS.

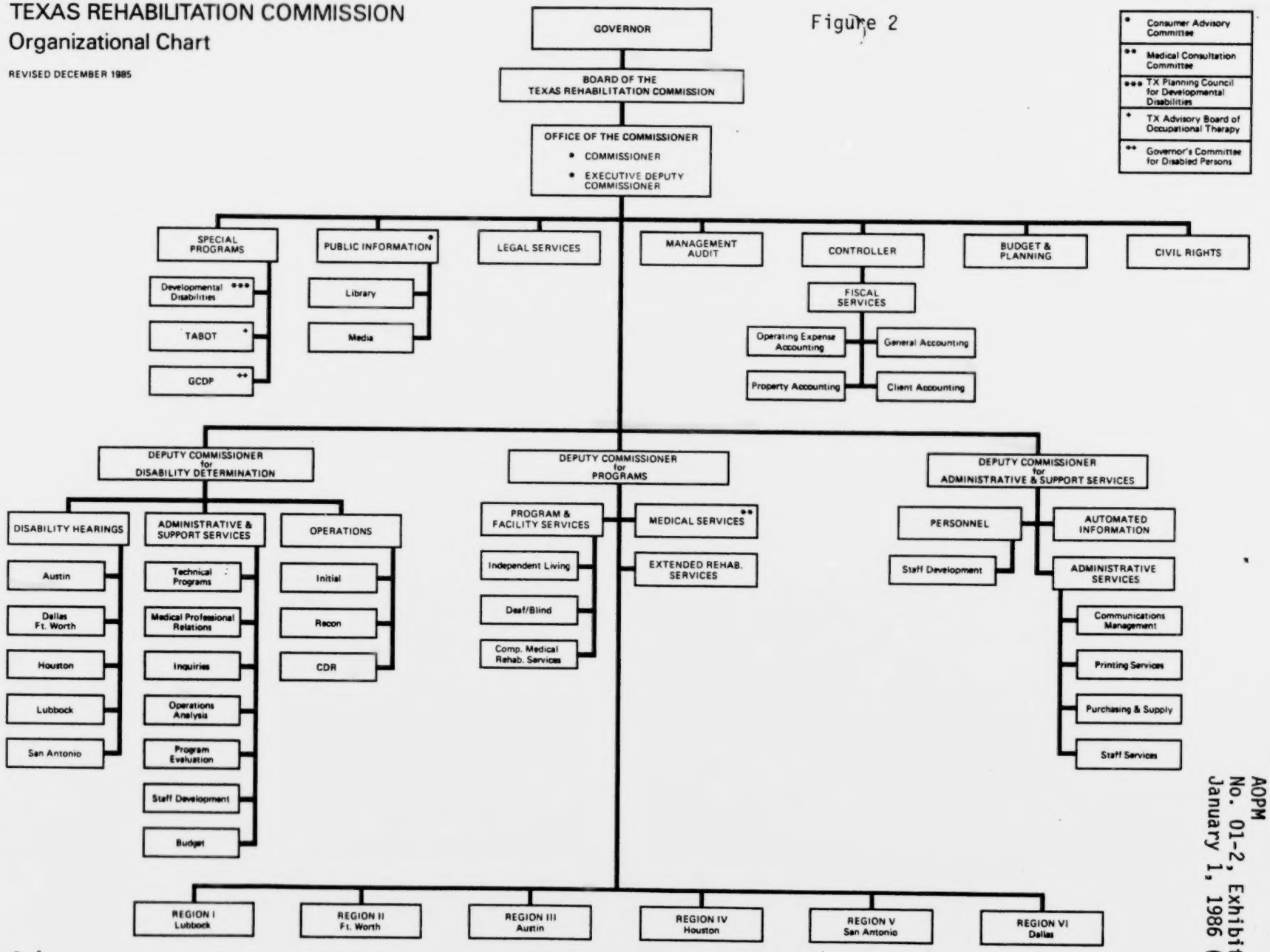
The Council and administering agency jointly develop, monitor, review and evaluate implementation of the State Plan.

In general, the Council is responsible for advocacy, planning and public information activities under the Management Agreement. The Council gathers information on service needs of Texans with developmental disabilities, reviews and comments on state plans, and studies policy issues, including state and federal legislation. The Council selects priority service areas for the State Plan and develops recommendations for Requests for Proposals which are targeted to address specific service needs. Council activities include public forums, legislative advocacy, and a wide range of public information activities. The Council publishes a bimonthly newsletter "Highlights," issues periodic "Information Alerts" on public policy issues, and prepares an annual report to the Governor, Administration on Developmental Disabilities and Secretary of the DHHS.

TEXAS REHABILITATION COMMISSION
Organizational Chart

REVISED DECEMBER 1985

Figure 2



AOPM No. 01-2, Exhibit A January 1, 1986 (Rev.)

3.2 Who is the Administering Agency Staff?

TPCDD receives assistance from numerous personnel of the Texas Rehabilitation Commission. Unit staff from the offices of Budget and Planning, Fiscal Services, Automated Information, Administrative Services, Personnel, Civil Rights, Legal Services, Public Information, and Management Audit contribute daily to the operation of the TPCDD. Program staff for the DD Program (Grants Management) are also considered administering agency staff of the DD Grants Program. They are employed with state appropriated DD funds and operate administratively through Joellen Flores Simmons, Assistant Commissioner of Special Programs, under the supervision of the Executive Director of the DD Program, Roger Webb.

SECTION 4: THE STATE CONTEXT

4.1 What is the environment in which the Developmental Disabilities Program operates in Texas?

The Texas Planning Council for Developmental Disabilities is the State's principal planning group on developmental disabilities issues and a source of funding for programs serving the developmental disabilities population. Given the size and complexity of the State of Texas, the Texas Planning Council for Developmental Disabilities is a small program; but it is also a program which has gained visibility and credibility.

The program is strategically located within the Texas human services delivery system at the Texas Rehabilitation Commission. The Commission is one of the State's principal authorities on matters relating to employment for persons with handicaps (with the exception of persons who are legally blind or visually impaired). It administers the Vocational Rehabilitation Program, the Independent Living Program, the Extended Rehabilitation Services Program, the Governor's Committee for Disabled Persons, the Texas Advisory Board of Occupational Therapy, the Deaf-Blind Multihandicapped Program, and the Social Security Disability Determination Division.

MISSION STATEMENT

The mission of the Texas Rehabilitation Commission is to provide in a timely, efficient, and effective manner:

1. Vocational Rehabilitation, Extended Rehabilitation, and Independent Living Services to eligible persons;

2. Adjudication of claims and face to face hearings for social security disability benefits; and

3. Administrative support, program initiatives, and oversight to other assigned human services activities as appropriate.

The Commission has demonstrated its commitment to Texans with disabilities not only by making direct services its highest priority but also through legislative advocacy and program development. The Commission has been successful in obtaining state appropriations for the vocational rehabilitation, extended rehabilitation, developmental disabilities, independent living, comprehensive medical rehabilitation, and Governor's Committee for Disabled Persons programs. The agency also was instrumental in passage of state legislation creating the Extended Rehabilitation Services Program and in obtaining funding for that program. Overall, TRC is firmly committed to assisting Texans with disabilities, and particularly Texans with severe disabilities, to

live more independently and to secure vocational training and job placements. These goals complement the purposes of the DD Act very well.

The Texas Rehabilitation Commission and Developmental Disabilities Program are just one piece of a larger health and human services delivery system. There are seven state agencies represented on the Council, all of which provide some services to persons with developmental disabilities. The two largest agencies are the Texas Department of Mental Health and Mental Retardation (TDMHMR) and the Texas Department of Human Services (DHS). TDMHMR has a mandate as the primary service provider for persons with mental illness and mental retardation. The DHS is the state medicaid agency and also administers Social Services Block Grant (Title XX) programs. All of the state agencies on the Council operate independently and, as a result, there are a variety of programs, eligibility criteria, funding sources and gaps in services with regard to persons with developmental disabilities. The service delivery system is complex and lacks formal coordination. One of the Council's major tasks is to study each agency and its programs to understand which piece of services is provided to what subset or category of the developmental disabilities population.

The health and human services system is part of the broader Texas environment. Texas is the third largest state both in terms of general population and population of persons with developmental disabilities. If current population growth trends continue, Texas will be the second largest state by 1990.

The economic environment is generally characterized by growth despite falling oil prices. The state's economy continues to diversify and grow in the areas of wholesale and retail trade, service occupations, and manufacturing. The construction industry has been very strong and although a glut of commercial office space and residential units exists in major metropolitan areas, continuing growth in construction is expected. The computer technology industry is currently experiencing a recession but has been a growth industry for many years. The two areas experiencing the most adverse conditions are agriculture and the oil and gas industry.

Oil prices plunged to new lows in early 1986. The decline in oil revenues has resulted in a request by the Governor for state agencies to reduce expenditures by 13% to offset a projected shortfall of $1.3 billion in state funds during the 1986-87 biennium. Approximately 20% of the state's budget is derived from oil and gas revenues. State agencies are in the process of implementing budget reductions which will adversely affect the delivery of a variety of health and human services.

The prospects for increases in funding for health and human services may be unlikely in the next biennium (1988-89). Texas is

a balanced budget state and tax revenue (primarily from oil and gas and sales tax) projections prepared by the State Comptroller dictate the level of state appropriations for all state programs. The state budget must be certified by the Comptroller in order to be adopted. The reduction in oil and gas revenues has not been offset by gains in sales tax and other state revenues.

The political and social environment in Texas is also undergoing significant changes. The single most controversial issue concerns community living options for persons with disabilities.

There is no federal funding source for community residential services, except on a limited basis under the Medicaid home and community-based waiver program. In general, Medicaid funding supports institutional residential programs, primarily nursing homes and ICF-MR services (including state schools and ICF-MR facilities). For FY 1985, combined federal and state funds for state school ICF-MR client services totalled $239 million and totalled $61 million for ICF-MR facilities (excluding administration).

Some state funds have been used for developing community residential services. Appropriations to state agencies have enabled some residential services to be developed but the level of funding for these programs is substantially less than the state contribution to the ICF-MR Program. As a result, the service system's state resources have been heavily invested in the institutional care model. During the past ten years, additional resources have been sought for community living options. Also, lawsuits against institutions have been filed and settlements have been reached to provide more community care and improved institutional care services.

Institutional Reform Litigation

John Lelsz v. John J. Kavanagh Resolution and Settlement

In 1974, a lawsuit was filed against the Texas Department of Mental Health and Mental Retardation (TDMHMR) on behalf of residents at three state schools. The lawsuit alleged that client health and treatment services were inadequate, that abuse and neglect of clients was occurring, and that staff lacked qualifications and training necessary to provide quality care.

In 1983 the parties entered into a settlement agreement to resolve the issues. The major components of the settlement agreement focus on improving client services and upholding client rights.

Some of the services outlined in the settlement agreement are:

1. Quality medical and dental care.

2. Written individual service plans for each resident that outline all needed services and which are reviewed and updated annually.

3. Well-trained and qualified employees.

4. Appropriate community placements in a variety of residences for clients recommended for community placement.

5. A mechanism for resolving problems and complaints about client services between families and state facilities.

6. Safe and clean residences for clients.

7. Appropriate and effective use of prescription medications for residents.

8. Case management services for residents discharged from the three facilities involved in the lawsuit.

The major client rights issues that are part of the settlement agreement are:

1. To be free from physical or psychological abuse.

2. To be able to communicate with other people by mail, telephone and visits.

3. To secure other rights under the Constitution, federal statutes and state law, including the state Mentally Retarded Persons Act.

The implementation of the settlement agreement has been characterized by ongoing controversies. The plaintiffs alleged in the spring of 1985 that all conditions of the settlement agreement were not being met. U.S. District Judge William Wayne Justice issued a court order on June, 1985 to TDMHMR to proceed with community placements for 279 state school clients.

In October, 1985 the State of Texas, on behalf of the TDMHMR, challenged the court order and asked the 5th U.S. Circuit Court of Appeals to overturn the ruling by arguing that the U.S. Constitution does not guarantee a right to community placement. State mental retardation officials have said that the Judge Justice's order unfairly infringed on the TDMHMR's plan to find community homes for 600 residents of the 13 state schools. Only three of the 13 state schools are involved in the class action suit that resulted in the settlement agreement, but the State wants to include all state school residents in its community program.

On December 6, 1985 Judge William Wayne Justice issued an order transferring the suit to District Judge Barefoot Sanders of Dallas.

The settlement agreement will expire by August 31, 1988 unless it is extended by U.S. District court for the Eastern District of Texas.

R.A.J. v. Miller Settlement Agreement

Also in 1974, another major lawsuit was filed against the TDMHMR on behalf of residents of state hospitals providing inpatient mental health services. This lawsuit alleged that client services were inadequate, that facilities were out of compliance with life safety codes, that buildings were inaccessible to persons with handicaps, that psychotropic drugs were improperly used, and that programming for elderly clients and clients with mental retardation was inappropriate and inadequate.

In 1981, the parties entered into a settlement agreement to resolve the issues. With regard to persons with mental retardation, the TDMHMR agreed:

1. To obtain a full public education program for all clients ages 3-21;

2. To prevent admissions to state hospitals of persons with mental retardation as a primary or secondary diagnosis unless they meet commitment criteria of dangerousness to self or others, and a need for planned psychiatric and related services that are not available in other facilities providing services to persons with mental retardation;

3. To transfer, furlough, or discharge residents as soon as their psychological condition improves or is alleviated;

4. To place residents no longer requiring inpatient psychiatric care in less restrictive settings; and

5. To develop specialized treatment units in the state hospital for persons with mental retardation to provide both psychiatric and habilitation services.

Under the R.A.J. settlement agreement, a review panel was created to monitor compliance of the State with the settlement agreement terms, requirements, and goals. The review panel has been responsible for preparing periodic reports to the Court and the involved parties which outline areas of progress toward compliance, as well as remaining deficiencies. Since 1981 the

State has made major improvements in achieving required staff-to-patient ratios, compliance with life safety codes, and proper use of psychotropic drugs in the state hospitals. Continued efforts need to be made in other areas, including management and treatment of aggressive behavior in the state hospitals, refinement of individualized treatment planning and programming for inpatients, development of adequately staffed aftercare programs and resources, development of appropriate community residential services, and community placement of persons with mental retardation within 45 days after a determination is made that clients no longer require inpatient care.

Together, these lawsuits are having a significant impact on the mental health and mental retardation services system. The Board of the TDMHMR has initiated Department policies to contain the growth of institutional populations, to increase staff-to-client ratios in the facilities, and to promote and support the development of community care alternatives.

Griffith v. Bynum Resolution and Settlement

In 1982, a lawsuit was filed against the Texas Education Agency on behalf of current and future residents of Brenham State School for the Retarded. The lawsuit alleged that the Education for All Handicapped Children Act was not being implemented inside the state school system. The suit alleged that school-aged residents had no opportunities for contact with nondisabled students, that some educational staff did not meet state education standards, that educational programs did not approximate a full school day, and that children who were wards of the state had no parent representative for Individual Education Plan (IEP) meetings.

In November, 1985 the parties agreed on the terms of a settlement agreement which will apply to all of the state schools. The Texas Education Agency will be responsible for all education of state school residents ages 3-21, and the education programming will be conducted by local independent school districts adjacent to the state schools. Children who are wards of the state will have parent surrogates appointed to participate in IEP meetings. Development of the IEP will include consideration of where education services will be provided, either at the local schools or on the grounds of the state school. Finally, the Texas Education Agency and the TDMHMR have entered into an interagency agreement regarding education of state school residents.

Aside from institutional reform litigation, the implementation of Public Law 94-142, the Education of All Handicapped Act, has also dramatized the need for more community care services. During the 1984-85 school year, there were over 280,000 students receiving

special education services in Texas. Approximately 8,900 special education students will complete their education during the 1984-85 school year, and many of them will be seeking residential services and other support services.

Community Response

With the increasing demand for community services, local communities are being asked to accept persons with severe disabilities into their neighborhoods. The response of local communities to initiatives to create residential services, such as group homes, has been negative in many cases. Cities have used local zoning ordinances to prevent people with disabilities from moving into both residential and mixed use areas.

In 1985, two significant events occurred which should enable more community residential services to be created in Texas. First, the Supreme Court struck down the City of Cleburne's zoning ordinance and ruled that the City had denied persons with mental retardation equal protection under the law by refusing to allow a group home to be opened in a mixed use area. Second, the 69th Texas Legislature passed a zoning law which prohibits communities from using local zoning ordinances to prevent the establishment of family homes of six clients or less in residential areas. A copy of this law is in Appendix 4.

Although these judicial decisions and passage of state zoning legislation are significant milestones for Texas, these actions do not necessarily change public attitudes toward persons with severe disabilities. Political and social controversies regarding community living options probably will continue for many years.

4.1.1 Issues and concerns which influence services for people with Developmental Disabilities.

The Council has identified ten long-range goals for special emphasis during FY 1987-89 which are described in detail in Section 5. From a broader perspective, there are two areas which encompass the major long-range concerns of the Council:

1. To promote the development and increase the availability of community services, including in-home and family support services, residential services, and employment-related services; and

2. To promote the development of programs and funding for services to persons with developmental disabilities who are unserved, underserved, or inappropriately served.

Promoting Community Services

There is a tremendous need for development and expansion of all types of community services for persons with developmental disabilities and their families in Texas. From the perspective of the Council, it is clear that families, service providers and primary consumers with disabilities believe that the need for increased residential services is paramount. This has been documented in a series of public forums sponsored by the Council from 1983-85 and has also been documented by the Texas Department of Mental Health and Mental Retardation in its 1985 Comprehensive State Plan for Mental Retardation Services.

The overwhelming majority of Texans with developmental disabilities currently live in communities, many of them with their families. Eventually families and/or their family members with disabilities make decisions to search for alternative residential arrangements. In Texas, there is a severe shortage of residential alternatives. In most areas of the state there is an adequate stock of housing per se; the shortage is in residential alternatives with support services for persons who require ongoing assistance with activities of daily living. The major problem with the existing residential services system is that all beds are full and that nearly all programs have waiting lists.

The major funding sources for residential services in Texas have been the Intermediate Care Facilities for the Mentally Retarded Program (ICF-MR) and state general revenue funds. Historically, the ICF-MR Program has been used both to establish intermediate care facilities in communities and to support state school programs. From 1977-81 over 100 ICF-MR facilities were established. Prior to 1982 there were no controls on the bed capacity of ICF-MR facilities. This led to the establishment of large facilities and growth in expenditures which exceeded state appropriations for the ICF-MR Program. For several years, funds lapsed in other human services programs were transferred into the ICF-MR Program. The escalating cost of the program to the state led to actions by the Texas Legislature to curtail growth in the program.

The 67th Legislature passed a rider in the appropriations act to prevent transfers of unexpended funds into the ICF-MR Program. In addition, several new rules were established, the most significant of which was a rule requiring all new ICF-MR facilities to have six beds or less. These factors, in conjunction with the current cost reimbursement rate structure, have virtually halted growth in the ICF-MR Program.

Since 1974, the Council also has been supporting establishment and expansion of community living programs. Developmental disabilities funds have supported both MHMR system providers and private, nonprofit organizations. The Council recognizes that the

need for community living services is greater now than ever before and will continue its efforts to advocate for and generate more residential services.

Second, the Council recognizes that in-home and out-of-home family support services are necessary to maintain persons with developmental disabilities in communities. Historically, the Council supported early intervention services under the child development priority service area. Currently, Texas has in place a system of early intervention services through the state-funded, Early Childhood Intervention (ECI) Program and through the special education program administered by the Texas Education Agency. Although these programs do not have adequate resources to provide services to every family requesting services or referred for services, it is a system which has the potential to address statewide early intervention services needs.

In recent years, the Council has supported projects to provide respite services, attendant care, and parent training and counseling services, as examples of family support services.

The critical service need, however, is for services to support families in their efforts to keep family members with disabilities in their homes. There are some family support services available through the state agencies represented on the Council but it is an uncoordinated patchwork of programs characterized by a variety of eligibility criteria, priority groups for services, procedures, service delivery methods, and sites. One long-range goal of the Council is to study existing resources in family support services and develop recommendations for improving the system with respect to families with developmental disabilities.

The Council recognizes that additional individual support services such as attendant care, homemaker and home health services are needed to assist adults with developmental disabilities who are living on their own in communities. This is another area in which there are some resources available but not enough to address current demand for services or the increasing future demand for services. Currently, the Council is participating on a State Attendant Care Task Force and the Council also will be studying resources and needs for other personal care assistance services.

Finally, the Council has a long-range goal to address the priority service area of employment-related activities as the final piece of a complete array of community living services. During FY 1986 the Council initiated a comprehensive planning grant which will produce a state plan for employment-related services as a first step toward accomplishing this long-range goal. The project will be reviewing existing resources for each of the six Texas Rehabilitation Commission service regions, soliciting public input on service needs, and establishing regional offices to provide information and referral services to consumers regarding existing

resources. The Council recognizes that there are already several major employment services programs in Texas and believes that it can make a significant statewide contribution through careful planning and by preventing unnecessary duplication of existing services.

The employment-related services planning project marks the beginning of the Council's involvement in this area. In the future, the Council will develop other strategies for addressing the employment-related services needs of persons with developmental disabilities based on the recommendations of the project which are adopted by the Council.

Promoting Development of Programs and Funding for Services to Persons with Developmental Disabilities Who Are Unserved, Underserved or Inappropriately Served

In Texas, major gaps in services for persons with developmental disabilities do exist. During the FY 1987-89 plan period, the Council intends to address these issues through increased research and planning efforts, advocacy activities, and through service grant activities.

A few examples of gaps in services can illustrate some of the needs in Texas. With the exception of one program in Austin, comprehensive residential/habilitation programs for persons with developmental disabilities who are not mentally retarded are scarce. The Texas Rehabilitation Commission operates two residential projects which have been supported initially through both state appropriation and DD Program grant funds. Otherwise, persons with cerebral palsy, spinal cord injuries and/or closed head injuries have few alternatives for long-term care outside of nursing homes or general hospitals. Nursing home care is inappropriate for infants, children, and young adults with developmental disabilities. However, there is no agency or program mandated to develop or support residential services for all persons with severe physical disabilities and there are no state appropriations for a statewide program for these individuals.

There are also few comprehensive community-based programs for persons with severe disabilities such as deaf-blindness, autism or other multiple handicapping conditions. Persons with chronic mental illness often remain unserved, as do offenders and probationers with developmental disabilities.

4.1.2 The Scope of Services for Persons with Developmental Disabilities

TEXAS REHABILITATION COMMISSION

The Commission administers, implements and coordinates a variety of programs designed to enable persons with disabilities to live more independent lives. Federally-assisted programs include the vocational rehabilitation program, independent living services (Part A independent living case services for individuals and Part B funding for independent living centers), and developmental disabilities Texas Planning Council program. The Commission also processes disability claims for Social Security Disability benefits and Supplemental Security Income benefits for the State of Texas. Finally, the Commission administers several state programs, including extended rehabilitation services, comprehensive medical rehabilitation services, deaf-blind multihandicapped services, Governor's Committee for Disabled Persons and the Texas Advisory Board of Occupational Therapy.

The Vocational Rehabilitation Program provides services to enable eligible persons with handicaps to enter or return to employment. In FY 1985, the program provided services to 68,719 persons with disabilities. Of this number, 49,208 were eligible clients served. Of the eligible clients served, 65% were classified as severely disabled, 15,312 were successfully rehabilitated and placed in jobs, and 26,204 continued to receive services after the end of the fiscal year. The program serves persons with developmental disabilities who are determined to be capable of employment. Table 3 lists the primary disabilities of clients receiving services through the program in FY 1985.

Major strengths of the Texas vocational rehabilitation program include its productivity and its emphasis on rehabilitation of persons with severe disabilities. In the area of productivity, Texas ranked first in the nation in 1985 in the number of clients rehabilitated per counselor, and second in the total number of successful rehabilitants.

Also, TRC strives to maintain a proportion of at least 60% of persons with severe disabilities on the active status caseload. The state definition of "severely handicapped individual" for vocational rehabilitation services means a person":

(i) Who has a severe physical or mental disability which seriously limits one or more functional capacities (mobility, communication, self-care, self-direction, work tolerance, or work skills) in terms of employability; and

(ii) Whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and

(iii) Who has one or more physical or mental disabilities resulting from amputation, arthritis, blindness, cancer,

TABLE 3

VOCATIONAL REHABILITATION PROGRAM
CLIENT STATISTICS

FY 1985

Primary Disabilities of Clients	Clients Served		Successful Rehabilitants		Still Receiving Services	
	Number	%	Number	%	Number	%
Hearing Impairments	3,652	7%	1,173	8%	2,157	8%
Amputations	1,078	2%	339	2%	573	2%
3 or 4 Impaired Limbs	2,043	4%	370	2%	1,412	5%
2 Impaired Limbs	3,309	7%	748	5%	2,045	8%
1 Impaired Limb	3,965	8%	1,183	8%	2,190	8%
Back Injuries	4,356	9%	1,111	7%	2,525	10%
Other Musculoskeletal Impairments	504	1%	138	1%	309	1%
Psychosis	2,046	4%	625	4%	893	4%
Other Mental Illness	7,118	14%	2,125	14%	3,703	14%
Alcoholism & Drug Addiction	4,701	10%	1,691	11%	2,022	8%
Learning Disabilities	823	2%	245	2%	463	2%
Mental Retardation	2,794	6%	927	6%	1,412	5%
Borderline Intellectual Functioning	2,883	6%	846	5%	1,581	6%
Epilepsy	993	2%	274	2%	527	2%
Cardiac, Respiratory, & Circulatory Disorders	1,390	3%	423	3%	747	3%
Digestive Disorders	2,414	5%	1,084	7%	1,081	4%
Other	5,139	10%	2,000	13%	2,564	10%
TOTAL.....	49,208	100%	15,312	100%	26,204	100%

*In total, TRC served 49,208 clients, of whom 15,312 were successfully rehabilitated and placed in jobs.

cerebral palsy, cystic fibrosis, deafness, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia, or other spinal cord conditions, sickle cell anemia, specific learning disability, and endstage renal disease, or another disability or combination of disabilities determined on the basis of an evaluation of rehabilitation potential to cause comparable substantial functional limitation."

In FY 1984 57% of the rehabilitants were classified as severely disabled, and in FY 1985 this percentage increased to 59%.

The Commission's Disability Determination Division processes claims for Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) benefits for the State of Texas. This Division establishes the eligibility of persons seeking benefits by reviewing claims and applying eligibility criteria. Persons are eligible for benefits if:

- They are under 65 and have paid long enough and recently enough into Social Security;
- They were disabled before the age of 22 and have a parent covered under social security who retires, becomes disabled or dies;
- They are widows with disabilities or dependent widowers who are over 50 and their deceased spouses were covered under Social Security; or
- They have a qualifying low income or limited economic resources.

In FY 1985 the division processed 143,130 claims and 38,541 were determined eligible to receive SSDI or SSI benefits.

Extended Rehabilitation Services (ERS) is a state-funded program which assists individuals aged who are so severely disabled that they are not able to hold jobs in the competitive work force. To be eligible for the program, individuals must:

- be at least 16 years of age;
- have a mental or physical disability which constitutes a substantial handicap to employment;
- be determined not feasible for competitive employment placement due to the severity of the handicap;
- be able to benefit from Extended Rehabilitation Services; and
- be a legal resident of the State of Texas.

Clients accepted into the program must complete a probationary period of at least 42 days and meet an additional set of criteria for continuing participation in the program.

- Clients should have potential to develop a work tolerance of at least six hours per day, five days per week.
- Clients must demonstrate productive capacity, be able to take care of personal needs, and must conduct themselves so as not to disrupt the work routine of others.
- Clients must be able to earn 15% of the federal minimum wage rate after the initial training and adjustment is completed.
- The probationary period may be extended to 125 work days for clients who are unable to achieve 15% of the federal minimum wage rate during the first 42 days.

The program provides sheltered work and, in some cases, community-based living arrangements, to people who can work but who need continuous training and supervision. ERS also offers other services to help clients stay employed, including transportation to and from work, medical services, and assistive devices such as hearing aids and wheelchairs.

TRC administers 20 local ERS programs in eleven cities (Alpine, Abilene, Austin, Bryan, Dallas (3), El Paso, Fort Worth (2), Lubbock (3), San Antonio (2), Houston, Wichita Falls (3), and Sulphur Springs. In FY 1985 local ERS programs provided employment for 824 persons and supervised living arrangements at four locations for 88 of these clients.

The ERS program is significant because it provides employment opportunities for persons who otherwise might be living in state hospitals, state schools, nursing homes or at home with nothing to do. TRC estimates that it costs approximately $10 per day for someone to participate in ERS, while the cost of residing in a state institution averages approximately $72 per day. For clients living at home, ERS gives them a chance to be productive, and it gives their families a needed break from the demands of daily care and supervision. In summary, the ERS program assists many persons with developmental disabilities in maintaining community living arrangements and in engaging in employment-related activities.

The Independent Living Program is a federally-assisted program under the Rehabilitation Act which assists persons with severe disabilities to live more independently in their homes and communities. The program has two components, independent living centers and independent living rehabilitation services.

Since 1980, TRC has submitted and been awarded federal grants to establish and operate independent living centers in five cities, Austin, San Antonio, Houston, Dallas, and El Paso. The centers offer an array of services, including information and referral, peer counseling, advocacy, independent living skills training, and coordination of support services such as housing, transportation, personal care attendants and interpreters. In FY 1985 the centers provided services to 2,066 clients and referred to other sources and/or offered information to 5,684 people.

The Commission provides independent living rehabilitation services in the same cities as the centers. With independent living rehabilitation services funds, TRC purchases training, personal care attendant services, and equipment such as wheelchairs and communication devices for clients. Services provided by TRC are designed to augment rather than duplicate services provided by the centers. TRC began providing independent living rehabilitation services with state funds in 1984. In 1985, federal funds for this program were made available for the first time. In FY 1985 a total of 541 clients received services under this program, with 236 clients representing successful case closures.

Comprehensive Medical Rehabilitation Services (CMRS) is a new state-funded program designed to provide rehabilitation services to persons who have recently experienced traumatic spinal cord and/or brain injuries. The goal of the program is to provide time-limited medical rehabilitation services which enable clients to achieve greater levels of independence in mobility and self-care. Eligibility criteria include economic need, ineligibility for the needed services through other resources, and a reasonable expectation that provision of services will result in improved independent functioning.

Services offered under the program include: medical management, physical therapy, occupational therapy, psychological services, nursing services, nutrition services, orthotic and prosthetic devices, social services, speech therapy, communication devices, laboratory testing and x-ray services.

The CMRS program was established in December, 1985 and is expected to provide services to approximately 40 persons by the end of the state fiscal year 1986 (August 31, 1986). This program is significant because it addresses the immediate medical rehabilitation needs of persons who have experienced traumatic spinal cord and brain injuries, an area that has been identified as a gap in the service delivery system in Texas.

The Deaf-Blind Multihandicapped Program is a state program established to provide rehabilitation services to eligible deaf-blind, multihandicapped persons to enable them to achieve increased self-sufficiency and independent living skills.

Services offered under the program include parent counseling, a summer (camp) outdoor training program, and contract services with private and public organizations for residential and day programming services. In FY 1985 approximately 50 families received parent counseling and 50 persons participated in the summer camp program. Residential and day program services are available in Dallas and Houston. In addition to state general revenue, both the Dallas and Houston projects have been supported with Developmental Disabilities Program funds since FY 1984. In 1985 six clients received these services in Houston and eight clients participated in the Dallas program.

The Deaf-Blind Multihandicapped Program was transferred from the Texas Commission for the Deaf to the Commission in 1985. The total state appropriation for the Program for FY 1986 is $163,500.

The Governor's Committee for Disabled Persons (GCDP) is a state program whose mission is to promote employment and public awareness of the abilities and special needs of Texans with disabilities. Its membership includes 16 gubernatorial appointees, at least half of whom are persons with disabilities. The GCDP operates through four standing subcommittees:

- o disability barriers;
- o employment;
- o media relations and public information; and
- o recognition and awards.

The GCDP produces and distributes information and awareness materials to the public, provides training to employers interested in hiring workers with disabilities and promoting access to customers with disabilities, and annually sponsors two statewide awards programs.

The GCDP also coordinates a statewide volunteer program of "Mayor's Committees" which advance the program's mission in 19 cities across the state. Mayor's committees operate local job banks, sponsor job fairs, hold recognition and awards programs, produce public service announcements and provide technical assistance in areas including employment and architectural access. Finally, the GCDP's annual recognition and awards programs recognize outstanding efforts of the media, employers and persons with disabilities. The awards recognize efforts by employers to hire persons with disabilities, efforts by the media to portray persons with disabilities in a positive but nonstereotypical fashion, and recognize individuals with disabilities whose accomplishments at work and in the community provide positive role models for others with disabilities.

The Texas Advisory Board of Occupational Therapy (TABOT) was created by the Texas Occupational Therapy Title Act passed by the 68th Texas Legislature. It regulates the uses of the titles of

occupational therapist and occupational therapist assistant. In January, 1986 there were 1,633 registered occupational therapists and 255 certified Occupational Therapist assistants licensed through the TABOT Program. The board has five principal responsibilities:

- o to adopt rules to enforce the Act;
- o to receive and investigate complaints;
- o to examine, license, and renew the licenses of qualified applicants;
- o to provide information to consumers concerning the function, policies, and practices of the board; and
- o to monitor continuing education as required for license renewal.

TABOT's six-member board is appointed by the governor and is made up of three occupational therapists, one occupational therapy assistant, and two representatives of the public.

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

The mission of the Texas Department of Mental Health and Mental Retardation (TDMHMR) is "to afford Texas citizens with mental illness and mental retardation the opportunity to live as useful and productive lives as possible and to develop their respective mental capacities to the fullest practicable extent. The Department establishes that its first priority and primary obligation is to assist and serve those children and adults who are the most severely disabled, especially those who reside in, or are at significant risk of placement in, a state facility. The Department shall assure that these mentally ill and mentally retarded individuals who are the first priority of the Department are afforded treatment in their own home communities whenever appropriate and feasible. Toward this end the Department shall emphasize those services for mentally ill and mentally retarded persons which are effective alternatives to treatment in large residential facilities."

The Department is divided into two sections which are responsible for ensuring the delivery of all services: the Mental Health Services section and the Mental Retardation Services section. Persons with developmental disabilities may receive services through the programs of both sections.

What follows is an overview of TDMHMR system services organized into five sections, beginning with facility-based mental health and mental retardation services, followed by state center services, community MHMR center services, and concluding with a description of special statewide programs and pilot projects.

The Mental Health Services section is responsible for ensuring that mental health services are delivered through the Department's system of state hospitals, state hospital outreach programs, community mental health/mental retardation (MHMR) centers, and state centers. The system includes eight state hospitals, five state centers, 32 community MHMR centers, and the Waco Center for Youth.

The major objective of state hospitals is to provide patients with comprehensive, individualized treatment programs that will enhance their abilities to function successfully in communities. One goal is to expeditiously place clients in the most appropriate and least restrictive environments possible. Another is to provide the highest quality mental health and medical services in safe and humane environments. The state hospitals, which are accredited by the Joint Commission on Accreditation of Hospitals, provide residential services, treatment, education, and rehabilitation services, provide or contract for community-based residential services, and offer outreach services to communities in their respective catchment areas.

During state FY 1985 (September 1, 1984 - August 31, 1985) a total of 20,801 persons received inpatient mental health services at the eight state hospitals. The average daily census was 4,716 persons.

State Hospital Outreach Programs provide an array of over 30 types of services ranging from intake/screening diagnosis and evaluation, individual, family and a range of therapy and community-based residential services. Table 4 shows the complete list of services offered through state hospital outreach programs. Hospital outreach programs served a total of 17,761 clients during state FY 1985. Of those, approximately 54% were mental health clients, 1% were clients with mental retardation, 8% were clients with alcohol abuse problems and 3% were clients with drug abuse problems. Thirty-five per cent of the clients did not have a reported diagnostic category.

The state hospital system is currently undergoing expansion. Two new psychiatric hospitals are under construction which will provide services to the Houston - Harris County and Fort Worth - Tarrant County areas beginning in 1986 and 1987.

The Mental Retardation Services section is responsible for ensuring that services are delivered through the Department's system of state schools for the retarded, state school outreach programs, state centers, and community MHMR centers.

The system includes 13 state schools and state school outreach programs, five state centers, and 32 community MHMR centers.

The major objectives of the state schools are to provide comprehensive habilitation and rehabilitation services for persons

TABLE 4

SUMMARY OF TYPES OF SERVICES PROVIDED BY TDMHMR

STATE HOSPITAL OUTREACH PROGRAMS, STATE SCHOOL

OUTREACH PROGRAMS AND STATE CENTERS*

SERVICE TYPE

1 Intake/Screening
2 Diagnosis/Evaluation
3 Individual Therapy
4 Group Therapy
5 Family Therapy
6 Family/Collateral Counseling
7 Medication
8 Vocational/Rehab Counseling
9 Social Rehab/Resocialization
10 Special Education-Individual
11 Pre-School Day Care
12 Other Day Care
13 Home Management
14 Adult Activity
15 Sheltered Workshop
16 Town/Halfway House
17 Nursing Home
18 Hospitalization (24 HR)
19 Other Residential Care
20 Case Consultation
21 Emergency Care
22 Recreation
23 Home Visits
24 Speech/Hearing Therapy
25 Transportation
26 Other
27 Special Education-Group
28 Music Therapy
29 Medical Services
30 Partial Hospitalization
31 Vocational Evaluation
32 Vocational Training
33 Work Activity Center
34 Community Development
35 State Hospital Admission Screening
36 State School Admission screening
37 Discharge Planning
38 Follow-Up Services

*SOURCE: Data Books 1985 Volume A TDMHMR Inpatient Services and Volume B TDMHMR Community Programs

with mental retardation of all ages and levels of mental retardation and types of handicapping conditions. The state schools are certified and licensed as Institutional Care Facilities for the Mentally Retarded (ICF-MR) and provide comprehensive services required by the federal medicaid program. Services include room and board, health care, active treatment (independent living skills and prevocational training, physical therapy, occupational therapy, etc.), and recreational activities.

During state FY 1985 a total of 10,045 clients received state school services. The average daily census was 9,406 clients.

A total of 328 persons with mental retardation were on the waiting list for state school placement at the close of the state fiscal year (August 31, 1985). During state FY 1985, a total of 119 persons from the waiting list were placed into state schools, while 165 persons were added to the active waiting list. Demand for institutional services continues to outstrip the available supply of state school beds.

State School Outreach Programs offer an array of over 30 services similar to those listed in Table 4 for state hospital outreach programs. The outreach programs emphasize community services, including residential services and therapeutic, educational and rehabilitation outpatient services. During state FY 1985 a total of 3,945 clients received state school outreach program services.

The major objective of state centers is to complement existing mental health and mental retardation services in specific geographic areas of the state where there are no institutional (state hospital, state school) facilities or community MHMR centers. Each state center emphasizes mental health and/or mental retardation services, based on the needs of the local area.

State centers provide an array of over 30 types of services similar to those listed in Table 4. During state FY 1985 a total of 3,680 persons received state center services.

The Department also supports community MHMR centers. Currently, 32 community MHMR centers have been established. Each is operated by a local public agency and Board of Trustees pursuant to the Texas Mental Health and Mental Retardation Act (ie. H.B.3). The service areas of MHMR centers encompass 138 counties and approximately 86% of the State's population. In late 1985 a new MHMR center was established in Johnson County (Cleburne).

MHMR centers provide a variety of community-based services including:

- 24-hour emergency screening and referral services including diagnostic assessments of clients referred for emergency services;
- Therapeutic outpatient, day care and partial hospitalization services;
- Specialized services for infants, children and the elderly;
- Case management services;
- Alcohol and drug treatment programs;
- Medication management;
- Family support services; and
- Residential services.

These services are provided to persons with mental illness, mental retardation, autism, infants and children with developmental delays, and adolescents and adults with substance abuse disorders.

During state FY 1985, a total of 149,995 clients received services through community MHMR centers. Of those clients, approximately 62% had mental health problems, 12% were mentally retarded, 17% had alcohol abuse problems, and 7% had drug abuse problems. The problem type of 2% of the clients was not reported.

Community MHMR center program categories include screening and referral services, outpatient services, sheltered work training, day-evening programs and special education services. Table 5 shows the number of clients served in FY 1985 under each program category by client problem type.

Under the general category of residential care, community MHMR centers provide semi-independent living, group homes, inpatient services, detoxification and nursing home-respite care services. Table 5 also shows the number of clients served in FY 1985 under each residential program category by client problem type.

In summary, over 206,000 persons received services from state hospitals, state schools, outreach programs, state centers, and community MHMR centers in FY 1985.

Other Statewide Programs

TDMHMR administers two other statewide programs which provide services to persons with developmental disabilities: the Program

TABLE 5

SUMMARY: COMMUNITY MHMR CENTERS

CLIENT SERVICES BY PROGRAM CATEGORY AND CLIENT PROBLEM TYPE

STATE FISCAL YEAR 1985

FROM SEPTEMBER 1, 1984 THROUGH AUGUST 31, 1985

NUMBER OF CLIENTS SERVED BY PROBLEM TYPE

PROGRAM CATEGORY	MH	MR	ALC	DRUG	NOT REPORTED	TOTAL
Screening & Referral	47,607	10,662	11,956	4,753	5,269	80,247
Outpatient	70,123	9,635	12,700	7,442	4,268	104,168
Sheltered Work Training	1,307	2,916	69	38	119	4,449
Day-Evening	5,413	3,613	489	98	207	9,820
Special Education	658	2,849	36	19	422	3,984
RESIDENTIAL CARE:						
Semi-Independent Living	1,398	346	129	16	64	1,953
Group Home	2,205	891	610	165	93	3,964
Inpatient	6,064	96	1,181	84	339	7,764
Detoxification	196	9	5,919	248	584	6,956
Nursing Home-Respite	12	156	0	0	12	180
Total Residential Care	9,875	1,498	7,839	513	1,092	20,817

*Source: Data Book 1985, Volume B, TDMHMR Community Programs, p. 170

for Autistic Citizens and the Genetics Screening and Counseling Services Program.

The Program for Autistic Citizens was initiated with state appropriations at the close of the 67th Texas Legislature (1981). Since that time this program has grown from five to eight projects located in seven cities (Austin, Houston (2), Edinburg, Fort Worth, Dallas, San Angelo, and Corpus Christi). These programs offer residential, respite, prevocational/vocational and day treatment services to children and adults with autism. Currently, the program provides residential services daily to approximately 45 clients. During fiscal years 1984-85 approximately 375 clients received educational, vocational, respite, and/or residential services annually. Eligibility for services is contingent on a diagnosis of autism or pervasive developmental delay. The program is significant because it prevents institutionalization of persons with autism and supports families in their efforts to address the needs of their children with autism.

The Genetics Screening and Counseling Services Program provides families with comprehensive services including diagnosis of inherited conditions, carrier detection among non-affected family members, counseling for risk of recurrence, and family support services in the management of disorders and of future reproductive planning. The program allows for early identification of and intervention concerning all types of genetic disorders.

The program was authorized by the Texas Legislature in 1977. Currently, the program operates regional clinics in 21 Texas cities (Lubbock, Abilene, San Angelo, Odessa/Midland, Fort Worth, Denton, Wichita Falls, Texarkana, Tyler, Waco, Lufkin, Bryan/College Station, Beaumont, Richmond, Austin, San Antonio, Corpus Christi, Laredo, Edinburg, Harlingen, and Brownsville).

The program is significant because approximately 20% of the citizens of Texas either have a genetic disorder or have a family member with a disorder, indicating that their offspring are at a risk. Approximately 4% of all newborns have a significant birth defect. The program assists families in avoiding preventable developmental disabilities.

All residents of the State of Texas are eligible for genetic screening and counseling services and no one can be refused services due to inability to pay for the services. Fees are charged on a sliding scale, adjusted for family size and income based on federal poverty guidelines. Priority for services is given to individuals who are residents or clients of TDMHMR facilities. During FY 1985, 3,325 family members received services.

Current Trends in TDMHMR Services

In recent years the TDMHMR has been undergoing significant changes in Board policies, agency operations, and planning for the future of the MHMR services system. A combination of factors, including the growth in state population and corresponding increasing demand for MHMR services, a series of lawsuits against the Department, and an emerging service delivery philosophy to emphasize the expansion of community-based services are influencing the direction of the Department. The agency, which began as a provider of institutional services to persons with mental illness and mental retardation, has expanded the scope of its programs to include a variety of community-based services, and prevention and early intervention services. The Department is under pressure to continue support of its institutional facilities, to expand community services and to improve the quality and accountability of all department operations.

TDMHMR is currently a named defendant in approximately 65 lawsuits. The two major suits are the R.A.J. v. Miller and Lelsz v. Kavanagh class actions filed in 1974 (reviewed on pp. 23-26). According to the Department "There are few substantive policies of the Texas Board of MHMR and few substantive administrative actions of the Department that are not directly affected by these two lawsuits." As a result of the R.A.J. lawsuit, staff-to-client ratios at the state hospitals have been significantly increased and a cash incentive program has been established to permanently reduce the census of the state hospitals. In the Lelsz case, the court recently ordered the Department to proceed with community placements for 279 residents of three state schools. TDMHMR is planning to continue to reduce the size of its state hospitals and state schools for the next six years.

At the same time the Department will support expansion of community MHMR services. The Department has designated 60 mental health and mental retardation authorities to coordinate essential MHMR functions in local service areas encompassing the state's 254 counties. The local authorities are responsible for carrying out specific statutory and Departmental responsibilities at the local level such as:

- ensuring that persons at risk for admission to state facilities gain access to community services;
- taking steps to locate services in the home communities of clients who are at risk for institutionalization or for those released from state facilities;
- coordinating mandated case management services for MHMR system clients; and
- ensuring that required diagnosis and evaluation, and other services are carried out on the local level.

Currently, mental retardation authorities are the major point of entry and accountability for the mental retardation services

system. A major goal of the Department is to seek legislation to authorize mental health authorities as the single point of entry into the mental health services system. If legislation is passed, involuntary commitments directly to state hospitals can be prevented and the focus of responsibility for all MHMR services will be at the local community level.

Other significant changes are being made as a result of passage of S.B. 633, which amended the Texas Mental Health and Mental Retardation Act in 1985. One key component is a requirement for a Department long-range strategic plan. A new citizens planning advisory committee was established to assist with development and implementation of the Plan.

H.B. 3 authorized the community MHMR centers to receive state general revenue as annual grants. These grants are now distributed to the community MHMR centers through performance-based contracts. In order to receive state revenue, community MHMR centers must insure that funds are used to provide a required minimum array of services. These services include:

- 24-hour emergency screening and crisis stabilization;
- community-based crisis residential services or hospitalization;
- community-based assessments, including the development of interdisciplinary treatment plans and diagnosis and evaluation services;
- family support services, including respite care; and
- case management services.

S.B. 633 gives first preference for contracts to community MHMR centers, but the Department may contract with other local agencies or private providers in the event that these services cannot be provided by a local community MHMR center.

Finally, the Department is undergoing a state sunset review process. In Texas, state agencies are under the purview of the state's sunset act, which requires a complete evaluation of agency operations and programs every twelve years. The 70th Texas Legislature will meet in 1987 to review the Department. It is likely that the Department will undergo further substantive changes as a result of the sunset review process.

TEXAS DEPARTMENT OF HUMAN SERVICES

The mission of the Texas Department of Human Services (TDHS) is "to promote the individual's worth and dignity by providing services to families and children, elderly, and disabled individuals to encourage their self-sufficiency and prevent long-term dependence on public assistance. These services will be

provided humanely and efficiently within available resources and consistent with legislative provisions."

TDHS administers a variety of state and federally-assisted programs under the general categories of income assistance, health care services, licensing, services to families and children, services to aged and disabled, and special projects. Table 6 provides a list of all programs administered and/or operated by the Department. Persons with developmental disabilities may receive services through one or more of the Department's generic or specialized programs.

The TDHS is the state's largest agency in terms of its budget of over $2.5 billion in state and federal funds. In its role as the State Medicaid Agency, TDHS administers all Medicaid services such as purchased health services, nursing home care, and the Intermediate Care Facilities for the Mentally Retarded Program.

TDHS also administers the federal Food Stamp Program, the Aid to Families with Dependent Children Program, two federal block grant programs, and a variety of community care programs and special projects. What follows is an overview of selected programs which are possible resources for individuals and families of persons with developmental disabilities.

The Food Stamp Program is a 100% federally funded program that helps low income families and individuals to purchase food. The program has uniform national eligibility guidelines and rules. To qualify, a household must have income below 130% of the federal poverty level. Table 7 shows the federal poverty income levels for 1986. During FY 1985 an average of 397,571 households received food stamps monthly in Texas and a total of over $697 million was paid out in food stamp benefits during the fiscal year.

This program can make some special arrangements for persons with developmental disabilities. For example, the Department can make home visits and conduct telephone interviews for homebound individuals. There is also a Food Stamp toll free hotline number (800-252-9330) for the public to use. Finally, all Department offices are accessible to persons with disabilities.

The Omnibus Hunger Act was passed by the Texas Legislature in 1985 to address a statewide hunger crisis among low income families and elderly persons. The legislation is aimed at augmenting and improving existing food and nutrition programs, and at establishing new emergency food programs in unserved counties.

The state legislature appropriated $18 million for the 1986-87 biennium. Some of these funds are being allocated to expand the Special Supplemental Food Program for Women, Infants and Children (WIC) into counties without a WIC Program and to expand WIC

TABLE 6

TEXAS DEPARTMENT OF HUMAN SERVICES PROGRAMS*

General Categories	Program
Income Assistance	Aid to Families with Dependent Children Food Stamps Commodity Distribution Program - Commodity Distribution - Child Care Food Services, Summer Food Services and private School Food Services - Nutrition Education and Training Emergency Food Services Omnibus Hunger Act of 1985 - Information and Referral - Funding for home-delivered meals to elderly shut-ins Energy Assistance (Low Income Home Energy Assistance Block Grant) Disaster Assistance
Health Care Services	Purchased Health Services Indigent Health Care
Services to Families and Children	Child Protective Services - Foster Care Services - Adoption Services - Alternate Treatment for Youth - Truants and Runaways - Children's Trust Fund Family Violence Services Family Self-Support Services - Family Planning Services - Day Care - Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT) - Employment Services - Emergency Nutrition and Temporary Emergency Relief - Refugee Assistance
Licensing	Licensing of Child Caring and Child Placing Facilities (licensing, registering or certifying day care facilities, licensing or certifying 24-hour care facilities)

TABLE 6 - Page 2

General Categories	Program
	- Criminal Background Checks (of persons who work or reside in child care facilities, child protective services staff, volunteers with local affiliates of Big Brothers/Big Sisters)
Services to Aged and Disabled	Long-Term Institutional Care - Nursing homes - Intermediate Care Facilities for the Mentally Retarded Medical Assistance in State Institutions Vendor Drugs Medical Transportation Community Care for Aged and Disabled - Family Care Services - Primary Home Care - Congregate and Home Delivered Meals - Adult Foster Care - Special Services to Handicapped Adults - Day Activity and Health Services - Supervised Living Services - Emergency Care Services - Emergency Response Systems - Case Management Services - As Parents Grow Older - Adult Protective Services - Client Managed Attendant Care Projects Special Projects - AFDC Fraud Control Project - Protective Services Demonstration Projects - Home Health Aide Project - Long Term Care Case Mix Reimbursement Project

*For more information about these programs contact the Department at 512-450-3011.

TABLE 7

1986 FEDERAL POVERTY INCOME LEVELS BY NUMBER IN HOUSEHOLD

Number in Household*	Income
1	$ 5,360
2	7,240
3	9,120
4	11,000
5	12,880
6	14,760

*For each additional person in the household over 6, add $1880 per individual.

Source: Department of Human Services, Budget and Planning Office

services in underserved counties. $3.5 million will be used to increase the number of elderly persons ages 60 and over receiving home-delivered meals through the Texas Department on Aging "Meals on Wheels" Program. This money will be targeted specifically for low income elderly persons on waiting lists and those returning to the community after a hospital stay. The Act also requires the TDHS to issue expedited food stamps within one day to persons who have no money or resources or food, prior to verification of information on food stamp applications. Finally, the Act requires TDHS to engage in outreach activities to provide information about the food stamp program to encourage more eligible households, particularly elderly persons, to apply for food stamp benefits.

The Energy Assistance Program is a federally funded program under the Low Income Home Energy Assistance Block Grant. The Program provides assistance with payment of summer and winter utility bills for low income persons who are responsible for paying their utilities. Prior to October 1, 1985, eligibility for benefits was limited to households receiving Aid to Families with Dependent Children, Supplemental Security Income, and needy veterans. Beginning in FY 1986, eligibility for the program has been expanded to include persons with incomes up to 120% of the federal poverty level. In FY 1985 over 300,000 households received at least one assistance payment. The average heating payment for a household was approximately $70.00, and the average cooling payment was approximately $50.00.

The Indigent Health Care Act was passed by the Texas Legislature through a special session of the 69th Legislature in 1985. The goals of the program are to pay for health services for eligible low income families and individuals, to provide financial assistance to those counties that spend 10% or more of their general revenue tax levy on indigent health care.

The Act requires 132 counties without public hospitals or hospital districts to provide a basic package of medical care services for their medically indigent residents beginning on September 1, 1986. The program will pay for inpatient and outpatient hospital services, physician services, prescriptions, skilled nursing facility services, rural health care clinic services, family planning services, and laboratory and x-ray services.

The Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) is a free health program which specializes in preventive health care services for Medicaid-eligible children under the age of 21. Eligible families schedule appointments with participating private health care providers for medical screening and dental services. If a problem is found, children are referred for further diagnosis and treatment of identified abnormalities. In FY 1985 over 71,000 children received medical screenings and over 89,000 received dental services under the program.

The Department is required by state law to provide services which protect children from abuse and neglect. The Child Protective Services program includes a 24-hour, toll-free, hotline (800-252-5400), investigation of reports of abuse and neglect, and a variety of in-home and out-of-home services to protect children. The Department's two primary goals are to prevent future abuse and neglect of children and to help families stay together. To keep families together, in-home protective services may be provided. Services offered to families and children include contracting for day care services for children, provision of homemaker services, and family counseling. Out-of-home services include temporary and long term foster care placement and adoption services.

Foster care services include recruitment of families, development of foster home placements and provision of foster care services until children can be safely returned to their families or can be placed in other permanent settings. Some specialized services for children in foster care are being developed. These include services for sexually abused children and their families, therapeutic foster care for emotionally disturbed children, and pilot projects in "Preparation for Independent Living." It is anticipated that the independent living program will offer curriculum materials and stipends to children in foster care ages 14 through 17 to ease their transition to independence from the foster care program at age 18.

Adoption services encompass recruitment of families, development of adoptive homes, and placement services for children who cannot safely be returned to their families and whose parental rights have been terminated. Children awaiting adoption are categorized as "special needs children" if they are:

- over the age of six or
- over the age of two and of minority heritage or
- have been professionally diagnosed as handicapped or are
- part of a sibling group.

The TDHS has a federally-assisted adoption subsidy program that enables families to adopt special needs children under state conservatorship. The subsidies provide financial assistance to adoptive families to offset the costs of raising special needs children.

The Family Planning Program provides preventative health care and contraceptive services (medical, educational, and counseling services) for Title XIX and XX eligible individuals who request these services, in order to prevent unintended pregnancies. Birth control information and services are provided in privacy, and safeguarding of confidentiality is assured. In FY 1985, 241,731 individuals received family planning services (Titles XIX and XX) at a cost of $23.6 million.

Genetic services (testing, diagnosis, and counseling) is provided to Medicaid-eligible individuals at risk of a genetic disorder. Genetic services are provided under the family planning program even for young children, because the purpose is to aid their parents to plan their families.

The Emergency Nutrition and Temporary Emergency Relief Program (ENTERP) is a state program established to provide food and, at local option, other emergency services to needy persons who are in crisis situations.

The program is operated by local service providers under contract with TDHS. County Commissioners' courts receive first perference for contracts, followed by organizations such as community action agencies and other political subdivisions or non-profit United Way organizations. Local providers must provide 50% in local matching funds in order to receive state funds. Providers develop plans for use of ENTERP funds based on local needs. Contractors must provide food and, additionally may provide housing, utilities, clothing and other emergency assistance. Assistance is provided through vouchers or purchase agreements with local vendors. In addition, persons with incomes under 75% of the federal poverty guidelines must be considered to be eligible for services. In FY 1986 it is anticipated that the program will operate in 235 counties in Texas.

The Licensing Program was created by the Texas Legislature to promote the health, safety and well-being of children in out-of-home care. There are over 588,000 Texas children under age 14 who are in over 26,318 day care facilities including 18,531 family day homes. There are another 20,000 in foster homes and institutions receiving 24-hour care.

The Licensing Program maintains 17 sets of minimum standards under which child care facilities and child-placing agencies are regulated. During FY 1985 the program registered, licensed or certified 7,787 day care facilities, 18,531 family day homes, and 5,066 24-hour care facilities. Program staff also investigated 6,910 complaints against child care facilities.

Licensing staff are located across the state to respond to inquiries from persons interested in operating facilities and from the public desiring information about such facilities. Staff

evaluate license applications, inspect facilities for compliance with standards, issue licenses based on compliance, and investigate complaints. Facilities with serious noncompliance may have applications rejected, be placed on probation or have their licenses revoked. In extremely serious cases, the court may issue an injunction against continued operation of a facility.

The 69th Texas Legislature passed two bills which are being implemented by the program. House Bill 1593 authorized the TDHS to collect fees for child care facility licenses and registrations. The funds generated are deposited in the State's General Revenue Fund. Senate Bill 48 authorizes the TDHS to complete criminal background checks on all persons who work or reside in child care facilities, all TDHS child protective services staff and all volunteers with local affiliates of Big Brothers/Big Sisters. Social services block grant funds will be required to support administration of these activities.

Services to Aged and Disabled include a variety of medical, residential and social services funded through Medicaid (Title XIX), Social Services Block Grant (Title XX), and/or state funds. Table 8 provides an overview of requirements for participation in these programs.

The Department is required by state law to provide services which protect adults from abuse, neglect and exploitation. The Adult Protective Services Program includes a 24-hour, toll-free hotline (800-252-5400) and investigation of reports of abuse and neglect.

The program offers services to adults with disabilities ages 18 - 64 and to any person aged 65 or older in need of services. Under this program disabilities are defined as physical, mental, or developmental impairments which limit an individual's capacity to perform one or more essential activities of daily living, including but not limited to, personal health care, mobility, communication and/or management of money. Services are provided to clients without regard to income and on a voluntary basis except in cases where persons are found to be in life-threatening situations and lack the capacity to consent for services. In these cases, the TDHS worker may petition the court for an emergency order for protective services. The program does not have case services funds for in-home or out-of-home protective services that are comparable to those available through the Child Protective Services Program. However, adult protective services staff do help confirmed victims find community resources and safer surroundings.

The Adult Protective Services Program is a relatively new program for TDHS. The Texas Legislature passed a mandatory reporting law in 1981 and TDHS first obtained funds for staffing in 1984.

TABLE 8

OVERVIEW OF CONDITIONS FOR PROGRAM PARTICIPATION

IN SELECTED

TDHS SERVICES TO AGED AND DISABLED[1]

Community Care Programs

Medicaid (Title XIX)

- o Age: no restriction
- o Income: SSI recipients - less than $336.00 per month total countable income and less than $1,700.00 in countable resources for an individual
- o Need: demonstrated medical necessity and measured functional disability

Title XX*

- o Age: 18 and over
- o Income: less than $670.20 per month countable income and less than $5,000 in countable resources for an individual
- o Need: functional disability

*For adult protective services there are no income or resources restrictions

Institutional Care Programs

Medicaid (Title XIX)

- o Age: no age restrictions for persons who are blind or have other disabilities; to qualify as elderly a person must be 65 or over
- o Income: less than $650.20 (plus $20.00 income disregard) per month total countable income and less than $1,700.00 in resources.
- o Need: must demonstrate medical necessity to justify specific institutional care services through a "level of care" determination process

[1]Effective January 1, 1986

During FY 1985 over 10,500 investigations were conducted. Of these, approximately 40% were investigations involving non-elderly adults with disabilities.

The Department provides a number of community care services to assist low income adults with disabilities and persons ages 65 and over. These services help clients remain at home or in community settings and are also intended to prevent abuse, neglect or exploitation of adults unable to protect themselves.

In-home community care services consist of Primary Home Care, Family Care, Congregate and Home-delivered Meals, and the Emergency Response System programs.

The Primary Home Care Program provides up to 30 hours per week of personal care assistance (bathing, dressing, grooming, meal preparation, transfer and ambulation, toileting and feeding), housekeeping, meal preparation and escort services for Medicaid recipients of any age who are functionally limited in activities of daily living due to chronic health problems. The care must be prescribed by a physician and supervised by a registered nurse. Services are provided by licensed home health agencies. Primary home care is funded under the Medicaid program.

The Family Care Program offers a similar array of in-home services to the Primary Home Care Program but is funded through a different federally-assisted program, the social services block grant (Title XX). The major differences between these two programs are that Primary Home Care services are supervised by an RN, require a physician's order and a medical need. In addition, eligible persons are not required to have a physician's order to receive family care services.

The Congregate and Home-Delivered Meals Program provides nutritious meals in a central location or a client's home through contracts with community-based provider agencies. All menus are approved by registered dietitians or nutritionists. Adults who meet income and resource criteria for the Title XX services and who require assistance to meet their nutritional needs may participate in the program.

The Emergency Response System is an electronic monitoring service that permits quick response to emergencies for adults with functional impairments or those who live alone or who are physically isolated from the community. Adults eligible for Title XX services are provided with an electronic monitoring device on their telephone which, when triggered, automatically alerts a base station located at a community agency. Upon receipt of an

emergency signal, a volunteer is contacted immediately to check on the person with a problem.

Out-of-home community care services consist of Adult Foster Care, Supervised Living, Day Activity and Health Services, Special Services for the Handicapped, and the Emergency Care programs.

The Adult Foster Care Program provides supervision and assistance with daily living activities to adults who require 24-hour supervision but not nursing services and who qualify for Title XX services. Foster care services are available through TDHS certified homes that provide care for up to three clients and Texas Department of Health licensed group homes that provide care for four to eight clients.

The Supervised Living/Emergency Care Program is a state program which provides routine supervision, personal care, housekeeping, meals, social and recreational activities and transportation services. These services are available for adults with functional limitations who require 24-hour supervision but not nursing services and who meet financial eligibility requirements identical to the Title XX program. Supervised living residences are provided through contracts with local providers. Supervised living residences must be licensed by Texas Department of Health and range from apartments to personal care homes and converted nursing home facilities.

Emergency Care services are available for protective services clients and individuals eligible for Title XX services who have lost their home or caretaker, have been discharged from a hospital or institution, or are experiencing similar emergency situations. The program provides short-term (15 - 45 day) 24-hour care in supervised living facilities or foster homes. Services include personal care assistance, housekeeping/laundry, meals, transportation, supervision, and assistance with locating a more permanent living situation.

The Day Activity and Health Services Program provides personal care, nursing services, rehabilitative nursing, socialization and recreation, nutrition and support services in adult day health care facilities licensed by the Department of Health. The program is aimed at assisting adults who are unable to remain alone during the day because of their need for supervision and medical services. Persons may qualify for services under either Medicaid or Title XX eligibility criteria.

Special Services to Handicapped Adults are Title XX social services available to clients who are disabled. The program has two major parts. One component provides day care services and the other offers 24-hour attendant services. The Day Care program offers counseling, socialization and recreation, transportation, personal care assistance and help with developing

independent living skills. Services are available from local providers under contract with the TDHS. All providers are licensed by the Department of Health as adult day care facilities.

The 24 hour attendant component provides personal care assistance, housekeeping, and supervision by a onsite manager through local providers under contract with TDHS. There are five contracts in four cities: Houston, Arlington, Austin (2), and Lubbock.

The TDHS also administers institutional programs for persons requiring 24-hour care. These programs consist of nursing homes (Intermediate Care Facilities and Skilled Nursing Facilities) and Intermediate Care Facilities for the Mentally Retarded (ICF-MR).

Intermediate care facilities (ICFs) are nursing homes that provide care for persons demonstrating medical necessity requiring the services and supervision of licensed nursing personnel on a regular basis. Skilled nursing facilities (SNFs) are nursing homes that provide care for persons whose medical needs are more intensive. SNF services are provided and supervised under professional nursing staff. The majority of persons receiving nursing home services are over the age of 65; however, there are infants, children and nonelderly adults with disabilities receiving ICF and SNF services. During FY 1985, an average of 54,614 people received ICF and SNF care monthly at a total cost of $441.3 million. The ICF and SNF programs are funded through the Medicaid program.

The ICF-MR Program provides 24-hour care in three levels of ICFs-MR for all age groups. ICF-MR services are delivered in state schools by the Department of Mental Health and Mental Retardation and by local public and private agencies. Clients in ICFs-MR must be able to benefit from active treatment, and may also require nursing services. During FY 1985, the ICF-MR program served approximately 14,000 clients at a cost of $304 million. The ICF-MR program is a Title XIX Medicaid funded program.

TDHS administers several new demonstration programs, the Client-Managed Shared Attendant Care Demonstration Project, the 1915(c) Model Waiver Program and the 1915(c) Waiver for Intermediate Community Services which provide community-based services for persons with disabilities.

The Client-Managed Shared Attendant Care Demonstration Project is a new state funded program which will provide attendant care services for up to 300 clients. Services will be available through local provider agencies in Beaumont, San Antonio and the Corpus Christi-Edinburg areas. Attendant care services are already available through the Primary Home Care, Family Care, and Special Services for the Handicapped Programs but the new program has some unique features. The key difference in the demonstration project is that clients will have responsibility for supervision

of their attendants. Clients with mental impairments may participate in the program if there is someone available in the home to supervise the attendant.

To participate in the program individuals must:

- o be aged 18 or over;
- o have a physician statement documenting that the applicant has been physically disabled for over six months;
- o need personal care assistance;
- o need attendant care for a minimum of five hours per week; and
- o not be enrolled in the Primary Home Care or Family Care Programs; and
- o be emotionally and mentally capable of self-directing his care.

Although there are no income eligibility restrictions, persons who receive more than $730.00 per month in countable income are subject to copayments for the services.

The 1915(c) Model Waiver Program is a new program for 50 chronically ill children under the age of 18. In 1986, the program will offer home and community-based services for children who otherwise would require a level of care available only through institutions. The program has two unique features. The waiver allows TDHS to provide community services with Medicaid funds as long as the cost of community services does not exceed the cost of institutionalization. Usually Medicaid funds can be used only for institutional services. The other feature is that medically needy families with incomes that exceed SSI Program limits are the targeted client population. Very often these families have exhausted or lost their health insurance benefits due to the high cost of providing care for their chronically ill children.

As a result of heavy demand for model waiver services, the TDHS will submit another Medicaid waiver application to the federal Health Care Financing Administration in 1986 to provide waiver services to an additional 300 chronically ill children. In the new waiver request, the target population will continue to include children ineligible for SSI and also will include SSI-eligible children. Currently, chronically ill children who are SSI-eligible are often placed in institutions because available home and community-based services may not be comprehensive enough to address their service needs. The waiver program will offer families a choice between institutional and home and community-based services, and eligible applicants will receive services on a first-come, first-served basis. The program will be available statewide and applications can be initiated from any local TDHS office.

The 1915(c) Intermediate Community Services (ICS) Program is a new Medicaid program which expands the availability of home and community-based services for persons with mental retardation. The

program was jointly developed by TDHS and the Texas Department of Mental Health and Mental Retardation and is described is the Interagency Programs and Councils Section.

TEXAS DEPARTMENT OF HEALTH

As reflected in its mission statement, "the Texas Department of Health (TDH) is the state agency legally charged to administer health programs for planning, promotion, prevention, and improving the physical health and environments of its residents and to coordinate with federal, other state, and local government bodies in the delivery of these services to provide an improved quality of life to the people of Texas. This will be accomplished in the most cost effective manner and within available resources." TDH administers and operates a wide variety of programs. Table 9 provides a list of programs administered and/or operated by the TDH. What follows is an overview of selected programs which are possible resources for prevention of developmental disabilities, and for intervention services for individuals with developmental disabilities and/or their families.

The TDH's Bureau of Maternal and Child Health administers a number of federally-assisted programs aimed at reducing infant mortality and assuring mothers and children access to health services. Approximately one half of the funding comes from the federal Maternal and Child Health Services Block Grant. Programs that are administered by the Bureau of M&CH Services include the Genetics Network, Sudden Infant Death Syndrome, the Newborn Screening Program, the Special Supplemental Food Program for Women, Infants, and Children (WIC program), Vision, Speech and Hearing Services, and a special Dental Health Program.

Maternal and Child Health Services is a statewide program that provided preventive health services to low income mothers and children through a system of local health departments and 528 public health region clinics. Services to mothers include family planning, prenatal, delivery, and postpartum care. Also provided are preventive health services to children, including minor treatment for preschool children.

The Newborn Screening Program is a state-authorized program which screens all newborns for four inherited disorders (Phenylketonuria, or PKU, galactosemia, sickling hemoglobinopathies or sickle cell anemia and congenital hypothyroidism). In 1985, 181 children with these conditions were identified through the program, which screened approximately 300,000 newborns.

The Genetics Network began as a federal grant and is now a state program which coordinates, expands and supports genetic screening, testing diagnosis, and counseling. The program is coordinated by

TABLE 9

TEXAS DEPARTMENT OF HEALTH PROGRAMS*

General Categories	Program
Community and Rural Health Programs	Public Health Regions (core staff of health professionals and 528 clinics in 180 counties without local health departments)
	Community Health Services (local health departments)
	State Chest Hospitals
	Emergency Management
Personal Health Services Programs	Maternal and Child Health Services
	Crippled Children's Services
	SSI Disabled Children's Program
	Cytology Program
	Rh negative Program
	WIC Program
	Vision, Hearing and Speech Program
	Dental Health Services
	Newborn Screening Program
	Genetics Network
	Special projects
	Sudden Infant Death Syndrome Projects
	Kidney Health
	Chronic Disease Prevention and Control
	Hemophilia Assistance
	Epilepsy
	Children's Outreach Heart
	Early Childhood Intervention Program
	Title X Family Planning
	Neonatal Transportation
Preventable Diseases	Laboratories
	Communicable Disease Control
	Epidemiology
	Veterinary Public Health
Special Health Services	Long-Term Care
	Licensing and Certification
	Vital Statistics

*For more information about these programs, contact the Department at 512-458-7111.

General Categories	Program
Environmental and Consumer Health Protection	Consumer Health Protection Environmental Health
Texas Cancer Council	
Departmental Administration	State Health Planning and Resource Development

the Interagency Committee on Genetics, which is made up of the TDH and the Departments of Mental Health and Mental Retardation, Human Services, and the Texas Education Agency. It is estimated that approximately 3% of the Texas population is at risk for genetic disorders and this program is designed to reduce the incidence of genetic disease, including developmental disabilities.

Vision, Hearing and Speech Services of TDH include both direct services to clients, and development of standards, enforcement of regulations, technical assistance, and other training and program-related activities. In FY 1985 over 1.9 million children were screened in the vision program. Of those, 7% were referred for further testing or treatment. In the hearing aid program, approximately 1.6 million children were screened. Of those, 2% were referred for medical services and 1,223 children received hearing aids. The speech/language testing program is much smaller and in FY 1985, 3,826 children were screened.

Dental Services: Maternal and Child Health has cooperated with the Bureau of Dental Health Services in promoting preventive services for children. A special effort is being made through demonstration projects to show the value and cost-effectiveness of sealants applied to the occusal surfaces of the posterior teeth of children. Four small projects are in effect at this time. Promising results in these projects suggest this as the most effective and cost-efficient way of using the limited funds available for dental services for children.

The primary objectives of the Crippled Children's Bureau are: (1) early identification of children with potentially handicapping conditions; (2) diagnosis and evaluation to determine treatment; (3) direct medical care and related services through reimbursement or contractual agreements; (4) development and improvement in standards of care; and (5) a cost effective program administration.

The Crippled Children's Bureau administers the following programs: Crippled Children's Program, Hemophilia Program, Children's Outreach Heart Program, Neonatal Transportation Program, Supplemental Security Income (SSI) Disabled Children's Program, and the Epilepsy Program.

In order to be eligible for the Crippled Children's Program, the family must meet financial guidelines and the child must have a coverable condition, such as a cardiovascular or neurological condition, cancer, cystic fibrosis, cerebral palsy, epilepsy, hemophilia, cleft palate, or birth defects. In FY 1985, the Crippled Children's Program provided basic physical restoration services for crippled children under age 21 on a statewide basis. Services were delivered to 22,654 children and 5005 received services for the first time. Specific services provided include diagnostic services, medical and/or surgical treatment,

hospitalization, appliances, orthopedic devices, wheelchairs, medical supplies, prescription drugs, physical and occupational therapy, transportation, lodging and meals, and appropriate follow-up services.

The Supplemental Security Income (SSI) Disabled Children's Program was included in the Title V Block Grant in 1981, and has been integrated into the Crippled Children's Bureau. Under the modified rules and regulations of Title V, more flexibility in program activities is available. The social work staff is able to work with children served by other programs administered by the Texas Department of Health as time permits. The integration of maternal and child health programs has occurred at varying degrees across the State, depending on program responsibilities and the priorities established in each individual Region. With more demands for social services and no increase in staff resources, Regions are having to redefine their priorities to serve those children/families with the greatest need and to devote more time to community activities for resource development.

The WIC Program is a totally federally funded program designed to serve low income individuals determined to be at nutritional risk. Clients receive specific supplemental foods such as milk products and fruit juices, and monthly nutrition education. In FY 1985 WIC served a monthly average of 191,959 individuals through 63 participating health agencies.

Preventive Health and Health Services is a federally-assisted block grant under which the following programs are consolidated: Preventive Health and Health Incentives, Fluoridation, Public Health Promotion, Emergency Medical Services, and Sexual Assault Prevention and Crisis Services. The overall goal of the program is to improve the health status of Texas citizens by providing an array of preventive health, environmental health, emergency medical, and personal health services and programs.

Of these programs, the preventive health and health incentive activities of TDH's 72 local health departments and public health regions probably offer the greatest resource to individuals and families of persons with developmental disabilities. Services include immunizations, health screening for hypertension and other conditions, family planning and maternity services, child health services, dental services, public health education, venereal disease control, and other related activities. They also carry out environmental health responsibilities, including inspection of food, milk, water and waste water, solid waste, vector control and others. In FY 1985 over 3.8 million persons received immunizations and screenings and over 683,000 patients were admitted for services through local health departments and public health region provider agencies.

The Bureau of Long-Term Care regulates services delivered to approximately 100,000 residents in approximately 1250 long term care facilities. The Long Term Care Program has three major responsibilities. First, it licenses nursing homes, custodial care homes, personal care homes, facilities for the mentally retarded and maternity homes. Second, it performs survey and certification activities for nursing homes participating in Medicare and Medicaid and for facilities for the mentally retarded, including state schools and community based facilities participating in Medicaid. Certification is necessary for those facilities to contract with the appropriate agencies for reimbursement for care provided under Medicare or Medicaid. Third, the Program provides periodic inspection of care and services provided to Medicaid recipients and determines the level of nursing care or level of mental retardation services needed by each recipient. The Program also investigates complaints about all facilities involved in licensing or certification.

On April 1, 1986, there were 1000 nursing homes, 100 facilities for the mentally retarded other than state schools and community based MHMR centers, 21 state schools, 49 community based MHMR centers, and 129 personal care homes, of which 52 were parts of nursing homes. Nursing homes provide 24-hour services for persons who need nursing care. Facilities for the mentally retarded provide training and habilitation services in addition to other services necessary for the care of the residents. Personal care homes are 24-hour care facilities for persons not needing nursing care but who need varying degrees of assistance with daily living activities.

TEXAS COMMISSION FOR THE BLIND

The Texas Commission for the Blind (TCB) was created by the 42nd Texas Legislature in 1935. The primary objectives of the TCB are to prevent or minimize the disabling consequences of serious visual loss, to foster independent living skills of clients, and to promote employment opportunities for persons who are blind or visually impaired. The TCB administers a number of service programs, provides information and referral, and assists clients in bridging gaps between service systems operated by public agencies and private, nonprofit organizations across the state. Table 10 lists all of the TCB programs. What follows is a brief overview of each program.

The TCB administers the federally-assisted Vocational Rehabilitation Program for the population of persons who are blind or visually handicapped. The program enables people with visual handicaps to enter or return to employment. In FY 1985 10,160 persons received services and 2,100 were successfully

TABLE 10

TEXAS COMMISSION FOR THE BLIND PROGRAMS

General Category	Program
Rehabilitation Services	Vocational Rehabilitation Career Development Business Enterprises Program Comprehensive Rehabilitation Centers
Special Services	Visually Handicapped Children's Services Older Blind Services/Independent Living Rehabilitation Services

rehabilitated (placed in jobs for a minimum of 60 days). Almost half of the successful cases (1,206) were persons who were blind when accepted for services.

Because of limited resources, the TCB has implemented an "order of selection" policy for payment of services for eligible persons. The order of selection criteria generally give preference for services to persons who are severely handicapped, either permanently, totally and legally blind or otherwise severely disabled. Persons who are not legally blind or severely disabled are considered to be "non-severely handicapped." The order of selection criteria have four priorities, with first priority consisting of the legally blind, followed by persons in imminent danger of becoming totally or legally blind, public safety officers whose visual disabilities resulted while in the line of duty, and persons with other visual disabilities.

There are 25 district TCB offices located across the state. These offices provide rehabilitation services including counseling and guidance, physical restoration, vocational training, job development and placement, and post-employment services.

Vocational rehabilitation counselors are encouraged to use facilities such as lighthouses for the blind and goodwill organizations for evaluation and training of clients, when needed. In 1986 the TCB had contracts with ten facilities for core rehabilitation services (vocational evaluation, work adjustment, on-the-job training and orientation and mobility).

The Criss Cole Rehabilitation Center is a comprehensive rehabilitation center that is owned by the State of Texas and operated by the TCB. This center, and others like it, provide intensive personal adjustment training, orientation and mobility, and vocational services to enable clients with severe disabilities to function independently.

The TCB also has a Career Development unit whose goal is to increase the number of vocational opportunities in new employment areas for persons with little or no sight, and to improve opportunities for higher paying jobs for TCB clients.

In addition to providing vocational rehabilitation services to individuals, the TCB establishes, manages and supervises small businesses in its Business Enterprises Program. This Program provides opportunities for persons with visual disabilities to manage food service and vending machine operations. The TCB trains and licenses the clients, secures the locations and furnishes operators with equipment and initial stock. During FY 1985 14 clients were trained in the Program and a total of 12 clients were placed in businesses.

At the end of FY 1985 there were a total of 123 business enterprises in operation under the auspices of the TCB. In

addition, the TCB had 14 vending machine facilities located at highway rest stops. The Business Enterprises Program is fundamentally a self-supporting program of the TCB. Although some vocational rehabilitation funds are used, there are no state general revenue funds used to support the program. Fees paid by blind vendors and income generated from the highway vending machine program generate the bulk of funds for continuation of the Business Enterprises Program.

TCB's Special Services address the needs of specific groups of individuals who are not eligible for vocational rehabilitation services. Visually Handicapped Children's Services is a state-funded program that provides early intervention to prevent blindness and conserve eyesight. The TCB purchases eye medical care, including hospitalization, surgery, and prosthetic devices for children whose families are unable to pay for needed eye care.

The policy of the TCB is to exhaust all other possible sources of funds, including the private sector, prior to obligating funds for medical services. In 1985, over $800,000 was donated by local Lion's Clubs, sororities, and other organizations and individuals to pay for services for children in the program. A total of 6,810 children ages 0 to 21 received services through the program during FY 1985. Of that number 2,692 children received preventive services, such as surgeries to treat cataracts, glaucoma and detached retinas.

When prevention or correction of a visual handicap is impossible, the program offers other services to children and families, such as counseling and guidance, and advocacy with other agencies to ensure that children receive the best possible array of services. The ultimate goal is to assist children so that their transition from school to adult activities and work is productive.

Independent Living Rehabilitation Services is a federally-assisted program designed to meet the needs of individuals whose disabilities are so severe that they do not have the potential for employment but may benefit from independent living services. A wide array of services is available through the program, including counseling, physical and mental restoration, attendant care, transportation, interpreter services, reader services, recreational services, services to families, and technological aids and devices.

In addition to case services offered through TCB district offices, the program has a small amount of funds to pay for special projects located in Corpus Christi, Tyler and Houston. Teacher/caseworkers have been hired in these cities to offer independent living training and information and referral services to persons who are blind or visually-impaired.

The Older Blind Services Program is a state program that assists persons to live and function more independently. The program provides services similar to those available through the Independent Living Rehabilitation Services Program but is limited to persons over the age of 55. Approximately 1,100 persons received services through the Older Blind and Independent Living Rehabilitation Services programs in FY 1985.

TEXAS COMMISSION FOR THE DEAF

The Texas Commission for the Deaf (TCD) was established in 1971 by the 62nd Texas Legislature and was reorganized in 1979 by the 66th Texas Legislature. The major functions of the TCD are to:

"(1) develop and implement a statewide program of advocacy and education to ensure continuity of services to the deaf;

"(2) provide direct services to the deaf, including interpreter services, information and referral services, message relay services, advocacy services, services to elderly deaf and hearing-impaired;

"(3) work to ensure more effective coordination and cooperation among public and nonprofit organizations providing social and educational services to deaf individuals;

"(4) establish a registry of available interpreters for the deaf and a catalogue of resources available for the needs of the deaf, both of which it shall disseminate to interested people and update annually;

"(5) conduct, in consultation with institutions of higher education, interpreter training workshops and institutes designed to qualify interpreters for state certification, develop guidelines for instruction of interpreters for the deaf institutions of higher education, and with the assistance of the Central Education Agency develop and implement standards for training interpreters for the deaf in institutions of higher education; and

"(6) annually review the schedule of fees recommended by the commission for the payment of interpreters and, as the result of the findings of the review and other relevant information, adopt by rule a schedule of reasonable fees to be paid to interpreters with varied levels of skill. The schedule of fees must be made available and recommended for adoption by other state agencies."

Since it was established, the TCD has been instrumental in promoting the statewide development of services for persons who are deaf and hearing-impaired. TCD has provided technical assistance to create private, nonprofit organizations, councils for the deaf, which offer local access to generic and specialized services. Currently, there are 16 councils located in 15 cities (Amarillo, Lubbock, Big Spring, El Paso, Corpus Christi, San Antonio, Abilene, Fort Worth, Austin, Houston (2), Waco, Sherman, Dallas, Tyler and Beaumont) which are under contract with TCD to provide TCD-funded services such as information and referral, message relay, outreach services to older people who are deaf, and interpreter services, which are described below.

The four major program areas of the TCD are Central Administration, Local Contract Services, Interpreter Registry and Development, and Special Services. Central Administration is responsible for providing leadership, coordination and direction in planning services, and for establishing rules, policies and procedures of the TCD and its programs.

The Local Contract Services Program coordinates a range of services for persons who are deaf or hearing-impaired. The TCD contracts with local service organizations to provide interpreter services, information and referral, services to elderly persons who are deaf, and message relay services.

Interpreter services enable persons who are deaf and hearing-impaired to obtain necessary educational, medical, legal, governmental and economic services. Interpreters help clients negotiate bank loans, obtain emergency or routine medical services, and understand and participate in the proceedings of meetings and public hearings, as examples. In FY 1985 5,474 clients received over 12,000 hours of interpreter services funded through the TCD. TCD also has a contract with the Texas Employment Commission (TEC) to assist TEC clients who are deaf or hearing-impaired. In FY 1985, 536 TEC clients received over 1,000 hours of interpreter services.

Information and referral services are directed at both the hearing and hearing-impaired populations. Persons who are deaf and hearing-impaired obtain information about generic and specialized community services. Persons who can hear are able to obtain information about deafness, including the needs of persons with hearing disorders and the legal ramifications of being a deaf or hearing-impaired person.

Services to the elderly deaf provide a means of access to generic services programs targetted for the elderly population. TCD provides funds for local organizations to hire personnel who are assigned to assist clients in obtaining information and services from agencies such as the Department on Aging, area agencies on aging, social security offices, and local parks and recreation

departments, as examples. In FY 1986 TCD entered into nine contracts with local councils for the deaf to provide these services.

Message relay services enable persons who are deaf or hearing-impaired to place telephone calls to contracting organizations via a telecommunications device for the deaf (TDD) and have their message relayed via regular telephone communication to places which do not possess TDDs. In FY 1985 over 52,000 calls were made statewide using this service.

The Interpreter Registry and Development Program provides comprehensive interpreter training and certification services to ensure that qualified interpreters for the deaf are available in Texas. TCD offers interpreter training workshops, and community colleges and other institutions of higher education offer interpreter training and deaf communication classes leading to certification as a qualified interpreter. Annually, the TCD publishes a directory of interpreters for organizations such as hospitals, courts and police departments.

The Special Services Program involves placement and maintenance of TDDs across the state. By the end of FY 1986 the TCD will have placed approximately 800 TDDs in police departments, fire departments, hospitals, universities and other public and private agencies. Effective in FY 1986, TCD is no longer placing new TDDs. However, TCD continues to monitor usage of existing TDDs. TDDs which are not used or used very little may be transferred to other organizations, and TDDs that break down are repaired and maintained in good working order.

The Outdoor Training Program offers a camp experience for children ages 8 - 17. It is estimated that 160 children who are deaf or hearing-impaired will participate in the 1986 program.

TEXAS EDUCATION AGENCY

The Texas Education Agency (TEA) is the single state agency designated to exercise control over the system of public elementary and secondary education in Texas. The TEA provides leadership, regulation, and services designed to maintain and improve public education. It is also responsible for the allocation of state and federal funds to school districts.

The major program functions include:

"(1) providing assistance in the planning and evaluation of a variety of educational programs, including general education, occupational education and technology, special education, and education for special populations;

(2) responsibility for the accreditation of public and proprietary schools and the certification of teachers and other professional personnel;

(3) acquisition, distribution, and control of adopted school textbooks; and

(4) providing funding and technical assistance in transportation and breakfast and lunch programs and technical assistance in school plant."

The major financial functions include:

"(1) budgeting and administering the Foundation School Program, which allocates funds provided by the State Legislature for public schools;

(2) management of the investments of the Permanent School Fund, which consist of receipts derived largely from the State's landed endowments;

(3) administration of the Available School Fund, which derives its funds from earnings from the Permanent School Fund and certain taxes, fees, and licenses;

(4) administering the funding of the State's Vocational/Technical Education Programs, which are supplemented, or in some cases funded entirely by Federal grants; and

(5) administering a wide variety of other Federal grants, including the Education of the Handicapped Act, Job Training Partnership act, Bilingual Education, Food and Nutrition, the Education Consolidation and Improvement Act, and relevant sections of Civil Rights and Civil Defense statutes."

The State Board of Education establishes the policies, regulations and goals for the Texas public education system. The State Commissioner of Education carries out the Board's policies and directs the agency's staff located at the central office and statewide field offices.

The TEA is responsible for administering two federally-assisted programs that are resources to students with developmental disabilities, the special education and vocational education programs.

The Special Education Program is authorized under P.L. 94-142, the Education of All Handicapped Act and Texas Education Code Section 21.501-507. Special education is that part of public education

which provides students with handicaps equal opportunity for a free, appropriate education. Under State Board of Education rules, children with the educational handicaps of physical disabilities (including orthopedic handicaps and other health impairments), mental retardation, emotional disturbances (includes autism), learning disabilities, speech handicaps, and multiple disabilities may be eligible for special education services between the ages of three through 21. Children who are blind (or visually handicapped), deaf, or deaf-blind are eligible for services from birth through the age of 21. Finally although not supported by federal funding but as part of the state and local funded activity, students who leave public school for a time because of pregnancy may also be eligible for special education services.

The 1,098 school districts in Texas are responsible for carrying out special education programs in their areas. School districts are responsible for identifying children with handicaps, assessing their needs, developing individual educational plans (IEP) in conjunction with the Admission, Review and Dismissal (ARD) Committee, and for providing children with educational programming and related services. Related services are services such as transportation, adaptive equipment, or physical therapy which are not part of the actual educational program but are services intended to support the achievement of educational objectives outlined in a child's IEP.

In order to receive special education services, students must undergo an eligibility process which includes a comprehensive individual assessment by a multidisciplinary team. Students may participate in special education after the team has determined that they have one or more qualifying handicapping conditions and that they have educational needs which can only be provided by special education.

The ARD Committee determines the student's eligibility for special education, what services are needed, how they will be provided, and short-term and long-range objectives for the student. This Committee is made up of teachers, parents, other education personnel, and the student, as appropriate. The ARD Committee meets at least annually to review the student's IEP.

In general, the goal is to provide special education in the least restrictive setting. Placements are individualized and range from the regular classroom to resource rooms, home-based instruction and public and non-public school under contract with the school districts.

During the 1984-85 school year, an aggregate count of over 369,000 students ages 0 through 21 were documented as receiving special education services at some point during the school year.

The Vocational Education Program is a federally-assisted program authorized under P.L. 98-524, the Carl D. Perkins Vocational Education Act. The purpose of the legislation is twofold. One goal is to enable states to offer quality vocational programs that will result in a national workforce with the types of marketable skills needed to improve productivity and promote economic growth. The other major goal is to make vocational education accessible to certain targeted populations, such as persons defined as handicapped, disadvantaged, single parents and homemakers, adults needing training or retraining, and criminal offenders.

Vocational education is defined as an organized educational program which prepares individuals for paid or unpaid work. The organized educational program includes instruction (in the classroom, through field trips, apprenticeships, supervised occupational education experiences and through extended learning experiences), counseling and career guidance, and acquisition of equipment, supplies and teaching aids. Paid and unpaid work is directed toward fields such as agriculture, business occupations, home economics, health occupations, trades and industrial occupations, and technical and emerging occupations.

Local education agencies (school districts), post-secondary institutions (such as community colleges), and community based organizations working jointly with school districts or post-secondary institutions, are eligible to receive vocational education funds. Eligible organizations must submit applications to the TEA to participate in the Program. Applications must identify the programs and activities to be offered, and describe how the local program will be coordinated with Adult Education Act and Job Training Partnership Act Programs. School districts must provide secondary education (grades 9-12) to to be eligible to receive funds. In 1986 approximately 950 of the 1,000 eligible school districts were operating vocational education programs.

Local programs are evaluated periodically and any programs that fail to meet established criteria are phased out through a "sunset" process.

Local vocational education programs are a potential resource for students with developmental disabilities. Fifty-seven percent of the federal funds must be targeted to the special populations. Ten percent of these funds must be spent on services to students with handicaps. The term 'handicapped' means speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired, or persons with specific learning disabilities who require special education and related services, and who, because of their handicapping condition, cannot succeed in the regular vocational education program without special education assistance.

During the year prior to a student's possible entrance into a vocational program, (usually in grades 7, 8 or 9), the educational needs of each student with a handicap will be reviewed. If vocational education is recommended as a possibility in the student's program, a vocational assessment will be provided for the student. The vocational assessment will include a review of special education assessment data, interviews with teachers, parents, and students. Vocational interest and vocational aptitude assessments also will be completed for each student. Vocational counselors or designees and special education personnel responsible for the vocational assessment will review cooperatively the assessment data and make recommendations for an appropriate vocational program placement. The signed recommendation will include information on program placement in the least restrictive environment and, when appropriate, suggested program modifications and adaptations of curriculum, materials, and equipment.

The recommendation for placement will be considered by the ARD Committee when students are being placed into a vocational education program. The membership of the ARD Committee, when planning the vocational education program for these students, shall include: (1) a representative from administration for the eligible recipient; (2) a representative from instruction (teacher); 3) the student's parent or designated representative; (4) the student when appropriate; (5) a representative from the special education assessment team as specified; (6) the vocational administrator or designee; and (7) the vocational teacher who will instruct the student.

This committee will make the decision for program placement in the least restrictive environment and develop the IEP. The ARD Committee will address the goals, objectives, and vocational needs of each handicapped student in the IEP including: (1) modification of instructional equipment; (2) modification or adaptation of program goals; and (3) related aids and services deemed necessary for the student to benefit from vocational education.

Students with handicaps in vocational programs will be supported by special education teachers in addition to special support services provided by vocational education.

Preliminary data for FY 1985 indicated that 35,797 secondary students and 8,249 post-secondary students with handicaps were enrolled statewide in vocational education programs, and that 3,775 secondary students and 442 post-secondary students completed their vocational programs. Overall, 44,046 secondary and post-secondary students with handicaps were enrolled in vocational education programs and 4,217 completed their programs in FY 1985.

ADVOCACY, INCORPORATED

Advocacy, Inc. is a nonprofit corporation charged with protecting the legal and human rights of persons with developmental disabilities, and with assisting clients and applicants for vocational rehabilitation services under the Client Assistance Program.

The Developmental Disabilities Act of 1984 requires states to establish protection and advocacy systems in order to receive federal developmental disabilities funds. The system must be independent of any agency which provides treatment, services or habilitation to persons with developmental disabilities and cannot be administered by the State Planning Council (i.e. Texas Planning Council for Developmental Disabilities). The system must have the authority to pursue legal and administrative remedies to ensure the protection of the rights of persons receiving treatment, services or habilitation in the State. Finally, the system provides information on and referral to programs and services addressing the needs of persons with developmental disabilities.

Advocacy, Inc. was established in 1977 and began offering protection and advocacy services at that time. The services of the Protection and Advocacy Program include education and training, legal and protective advocacy and systems advocacy. In the area of education, Advocacy, Inc. has developed over 100 training and information documents, available in both English and Spanish, and on cassette tapes. During FY 1985, over 69,000 handouts were distributed. Also in FY 1985, staff conducted 72 education and training workshops on protection and advocacy issues which were attended by over 3,000 persons.

Legal and protective advocacy services are initiated by a telephone call or other contact with the agency. Advocacy, Inc. has a statewide toll-free number, 800-252-9108, which is also accessible to persons with telecommunication devices for the deaf. The greatest volume of services falls under the category of "information and materials intake." During FY 1985 staff responded to over 2,600 individual requests for information and materials. Families, service provider agencies, persons with disabilities, advocates and attorneys made the majority of requests for information and materials. The majority of questions concerned problems with education, followed by other general issues, guardianship/conservatorship problems, and residential services issues.

In order to be defined as a client for protection and advocacy services, staff must give assistance in addition to provision of information and materials, and the person must have a problem

related to a developmental disability. Advocacy, Inc. provided legal and protective advocacy for 34 clients whose cases were closed during FY 1985.

The majority of clients served were of school age, or adults ages 21-64 with developmental disabilities. Client impairments included autism, mental retardation, mental illness, spina bifida, physical/orthopedic disabilities, learning disabilities, hearing impairments, visual impairments, and speech impairments. Nearly half of the case problem areas of clients centered on education issues, followed by zoning issues, and habilitation services. It is estimated that 87% of the problems were resolved in the client's favor. The methods used to resolve client problems included counseling, passage of legislation, submission of amicus curiae briefs, supervised referrals, litigation, and other legal and administrative remedies.

In addition to providing services to individuals, Advocacy, Inc. has a Systems Advocacy component whose goal is to monitor and influence the system of developmental disabilities services. Staff monitors and analyzes rules and other information by state and federal organizations and agencies, and attends state agency board/advisory committee meetings and legislative interim study committees. Advocacy, Inc. prepares testimony, and written review and comment on proposed rules, regulations and policies affecting persons with developmental disabilities. Finally, Advocacy, Inc. distributes pertinent information to its mailing list of over 3,000 interested persons and organizations. During FY 1985 staff were involved in advocating for persons with developmental disabilities on a variety of issues, including attendant care, community mental health/mental retardation services, establishing a statewide task force on transitional services, and preventing cuts to Early Childhood Intervention services.

Governor White designated Advocacy, Inc. to implement the Client Assistance Program (CAP) on September 6, 1984. The CAP is a federally mandated program authorized under the Rehabilitation Act of 1973, as amended. The purpose of the CAP is to provide assistance in informing and advising clients and client applicants of all available benefits under the act and, when requested by clients and client applicants, assist them in their relationships with projects, programs, and facilities providing services to them under the act.

The program is comparable to the developmental disabilities protection and advocacy program in two respects. First, the CAP must have the authority to pursue legal, administrative and other appropriate remedies to ensure the protection of rights of individuals with handicaps who are receiving rehabilitation services. Second, CAPs provide information to the public regarding the availability of services through the program.

Advocacy, Inc. began implementing the CAP late in FY 1985. Since that time staff have developed public information materials, conducted outreach activities and meetings, and received contacts from persons seeking information about the program. During the two months of FY 1985 that the CAP was in operation, a total of 99 contacts were received for CAP services. Of those, 73 received information and materials and 26 became CAP clients. Finally, the Governor appointed a CAP Advisory Committee to monitor the program. At the end of the first fiscal year, the committee reported to the Governor that Advocacy, Inc. had done a thorough job of designing and implementing the CAP, and that a good faith effort was being made to resolve differences between clients and service providers.

INTERAGENCY PROGRAMS AND COUNCILS

Intermediate Care Facilities for the Mentally Retarded (ICF-MR) Program

The ICF-MR Program provides institutional care services to persons with a primary diagnosis of mental retardation and the other developmental disabilities of cerebral palsy, epilepsy or autism if the IQ is less than 75. Three state agencies carry out major responsibilities in the operation of the program. The Department of Human Services has overall authority and responsibility for the program as the single state Medicaid agency. However, the Texas Legislature has directed the Department of Human Services to enter into contracts with the Departments of Mental Health and Mental Retardation, and Health to perform key program functions.

The Department of Human Services is responsible for:

- o determining client financial eligibility;
- o setting ICF-MR facility reimbursement rates;
- o fiscal management of the program, including receipt and payment of bills, generation of cost reports, and fiscal audits;
- o promulgation of state rules for the program; and
- o investigating all financial complaints relating to client funds and facility operating funds and
- o implementing sanctions against ICF-MR facilities which are out of compliance with ICF-MR regulations.

The Department of Mental Health and Mental Retardation is responsible for:

- o establishing level-of-care criteria for assigning eligible applicants to ICF-MR Level I, Level V or Level VI Programs (explained below);

- o developing and setting state standards and policies for the ICF-MR Program;
- o advising the Department of Human Services on reimbursement rates for providers operating ICF-MR I, V, and VI Programs;
- o processing applications for certification from potential providers;
- o negotiating new and continuation contracts with providers;
- o investigating allegations of client abuse in state schools; and
- o monitoring activities of the Department of Health in the areas of survey and certification of providers, and utilization reviews of clients (which involve examination of client eligibility for services, client need for ICF-MR services, and review of whether clients are receiving those services listed on the individual program plans).

The Department of Health is the licensing authority and survey and certification agency for the State of Texas and is responsible for:

- o determining level-of-care assignments for applicants (the level-of- care determination is based on the intellectual functioning, adaptive behavior, health status and ambulation status of applicants, and an evaluation that a client needs the active treatment programming offered by the ICF-MR Program);
- o initial survey of facilities whose applications have been approved by TDMHMR;
- o annual recertifications of Title XIX facilities;
- o issuing licenses to facilities;
- o conducting site visits to determine compliance status of facilities with licensure and ICF-MR regulations;
- o completing utilization reviews of clients;
- o receiving and investigating complaints against all ICF-MR facilities;
- o holding open hearings in licensed facilities for the public, and
- o carrying out sanction provisions resulting from punitive action reports that are related to TDH's responsibilities.

The ICF-MR Program is operated in state schools and in community-based facilities. State schools are institutions operated by the Texas Department of Mental Health and Mental Retardation. Community-based ICF-MR programs include public facilities operated by community MHMR centers and state schools and which operate under the auspices of TDMHMR. Community-based ICF-MR programs also include private nonprofit and for-profit facilities.

In Texas, the ICF-MR program has three levels of care: ICF-MR I, ICF-MR V, and ICF MR VI. All three programs provide 24 hour supervised residential arrangements and programs of active treatment services based on the I.Q. and adaptive behavior levels of clients.

ICF-MR I Programs offer prevocational training, sheltered workshop training, and independent living skills training to clients with mild-to-moderate mental retardation who require minimal daily supervision and no ongoing nursing services.

ICF-MR V Programs provide an individualized program of activities designed to enable clients with mild-to-severe levels of mental retardation or related developmental disabilities to attain optimum physical, intellectual, social and vocational functioning. Residents in ICF-MR V programs require continuous supervision and/or management on a daily basis. Active treatment includes improvement in social, motor, academic, self-help, and community living skills.

ICF-MR VI Programs provide continuous care and active treatment for persons with severe-to-profound levels of mental retardation or related developmental disabilities. Clients require extensive supervision and assistance in daily activities and may have medical needs requiring nursing intervention. Active treatment includes training in basic self-help skills, sensory-motor development, compliance with daily routines and group activities, and socially appropriate behavior.

Effective January 1, 1986 reimbursement rates for ICF-MR programs were raised for all levels of care and facility settings. The current daily rates for the program are as follows:

Level of Care	Community Facility	State Schools
ICF-MR I	$56.19	$63.51
ICF-MR V	$45.46	$77.21
ICF-MR VI	$53.96	$85.13

The Intermediate Community Services (ICS) Program provides home and community-based services to persons with mental retardation through five projects located in the Austin, Abilene, Fort Worth, Denton and Longview areas.

The ICS Program was established in September, 1985 after approval by the federal Health Care Financing Administration of an application, (Medicaid waiver request) submitted by the Texas Department of Human Services in cooperation with the Texas Department of Mental Health and Mental Retardation.

The "waiver" allows the state to use Medicaid funds to pay for home and community-based services to persons eligible for SSI benefits who otherwise would meet criteria for institutional care in an ICF-MR facility or state school. The waiver was approved for a three-year period and will be used to provide services for up to 450 persons by the end of the third year.

ICS Program services include case management, homemaker services, respite care, habilitation, social services, nursing, psychological services, and rehabilitation services (occupational therapy, speech therapy, physical therapy and audiological services). Texas is using a "core-cluster" program model to serve clients. In this model, each client goes through a comprehensive evaluation of up to 90 days in a homelike "core" setting. Client needs and abilities are evaluated in this normalized setting and the care plans are individualized to meet client needs. At the end of the evaluation period, clients are placed in either community-based alternative living units (homes or apartments of up to three persons) or in family homes. The overall objectives of the ICS Program are to test the feasibility of the core-cluster program model and to support expansion of community services to persons with mental retardation using Medicaid funds.

Early Childhood Intervention (ECI) Program

The ECI Program was created by the 67th Texas Legislature in 1981 through passage of Senate Bill 630. The purpose of the program is to identify and provide needed intervention services to children from birth to age six who are developmentally delayed and those who appear to be at risk for developmental delay.

The statewide program is coordinated by the ECI Council. The ECI Council is comprised of one representative each from four state agencies, the Departments of Health, Mental Health and Mental Retardation, Human Services and the Texas Education Agency. There is also one consumer member appointed by the governor. The governor's appointee is a parent of a child with developmental delays.

The major responsibilities of the ECI Council are to:

- prepare and implement a comprehensive ECI State Plan;
- establish an ECI Advisory Committee composed of parents, professionals, and advocacy groups to assist the ECI Council in addressing its goals;
- promote public awareness of the need for early childhood intervention services;
- provide staff training activities for service providers;
- make written recommendations concerning early childhood intervention issues to agencies not represented on the Council;
- make recommendations to the legislature on proposed legislation and needed legislation that will improve the system of early childhood intervention services; and
- award grants to public and private agencies throughout the state to provide direct services to children with or at risk for developmental delays.

All funded ECI programs provide a core of required services including educational programming and therapeutic treatment for children, and case management and parent counseling for parents. The majority of funded programs offer a combination of center and home-based services. A child with developmental delay is eligible to receive ECI services until reaching the age of eligibility for public school special education service. In FY 1986 the ECI Council awarded approximately $9 million to 62 local programs.

Texas Health and Human Services Coordinating Council, Council on Disabilities, Autism Task Force, and Long-Term Care Coordinating Council for the Elderly

The 68th Texas Legislature enacted Senate Bill 711 which established three new interagency councils in 1983, the Health and Human Services Coordinating Council, the Council on Disabilities, and the Long-Term Care Coordinating Council for the Elderly.

The major functions of the Health and Human Services Coordinating Council are to:

- establish and maintain a central data base covering public and private sector health and human services;
- conduct and contract for studies of significant health and human services issues, including needs assessments, monitoring services among agencies, cost analyses, forecasting, consideration of current problems of target populations, long-term results of services, and issues of multilevel or multiagency service delivery;
- serve as the primary state resource in coordinating and planning for health and human services;
- analyze federal, state, county, municipal, agency, and public/private sector relationships to coordinate efforts to plan and deliver health and human services;
- provide a central information and referral source concerning health and human services;
- review existing and proposed actions and policies of federal agencies to determine the impact on Texas health and human services, and make recommendations to the governor and legislature regarding alternative actions and policies consistent with state policies;
- provide advice to agencies, organizations and governmental agencies concerning the analysis of needs and the development, evaluation, and coordination of health and human services; and
- conduct regular and comprehensive reviews and analyses of health and human services policy and make recommendations to the governor and to the legislature.

The Council on Disabilities is made up of consumers, service providers, state agency representatives, and legislators. The major goals of the council are to:

- o develop and monitor the implementation of a long-range state plan for Texans with disabilities;
- o promote the development and coordination of effective and efficient statewide public and private policies, programs, and services for persons with disabilities;
- o promote the compilation and publication of all laws relating to persons with disabilities, and make recommendations to the legislature regarding appropriate modification of laws relating to persons with disabilities; and
- o promote a demographic survey for accurate identification of the disability population and promote the effective use of valid data in planning service priorities.

The Council on Disabilities completed its Long Range State Plan for Texans with Disabilities in January, 1985. In addition, the Council successfully advocated for legislation (S.B. 1084) in the 69th Texas Legislature which removed from current state laws derogatory language referring to persons with disabilities. Although the demographic survey failed to receive funding during the 1985 legislative session, the Council on Disabilities is continuing its efforts to advocate for funding of the project.

The Autism Task Force was established in 1983 by the Texas Legislature through adoption of Senate Concurrent Resolution 98. In 1985 the legislature reestablished the Task Force and assigned it to the Council on Disabilities for administrative purposes. The goals of the Task Force are to:

- c serve as a forum for improving the coordination of existing and future services and policies concerning persons with autism or other pervasive developmental disorders;
- o recommend state funding priorities for developing services; and
- o propose recommendations to the Council on Disabilities and the Health and Human Services Coordinating Council on the ongoing needs of persons with autism or other pervasive developmental disorders.

The Long-Term Care Coordinating Council for the Elderly was established to:

- o revise, update and review the implementation of the Texas Long-Term Care State Plan, and submit biennial reports to the governor and the legislature;
- o review issues concerning long-term care for the elderly and develop appropriate policy recommendations for the State of Texas; and

- o encourage cooperative, comprehensive, and complementary planning among the public, private and volunteer sectors for the provision of long-term care services.

4.2 What are the State's Major Concerns During the Three-Year Plan Period?

The major concerns of the Council over the next three years are:

1) to support the systems change objectives of developmental disabilities grant projects; 2) to advocate for establishment of community services to persons with developmental disabilities; and 3) to monitor and evaluate the effectiveness of the Texas community services system.

Systems Change Objectives

Beginning FY 1986, the Council decided to pursue a systems change strategy as its primary focus. As a result, the Council will be supporting fewer projects over time. Each funded project is intended to have either a regional or statewide impact. The ultimate objective of each new project is to stimulate significant changes in the targeted service delivery system. In FY 1986 new projects will focus on parent training, community services for persons with severe and multiple disabling conditions, the development of an educational curriculum for students with severe developmental disabilities, a model service program for rehabilitation technology services, an independent evaluation of the adequacy of the community services system, and an employment-related activities planning study. A brief summary of each of the original requests for proposals is in Appendix 5.

These areas were selected for special emphasis through a planning process which included recommendations from former grantees, public testimony and written comments in response to Council-sponsored public forums and questionnaires, and through a Council planning process coordinated by the Planning Committee. The Council and administering agency intend to closely monitor and support these projects to help enhance their success.

Services for Persons with Developmental Disabilities Who Are Unserved, Underserved or Inappropriately Served

In Texas, many persons with developmental disabilities currently cannot qualify for existing services because of restrictions in eligibility criteria for programs. For example, the ICF-MR Program provides services only to persons with mental retardation with IQs under 69 or other developmental disabilities if the IQ does not exceed 75. Many persons with demonstrated intellectual deficits and substantial functional limitations cannot qualify for

the ICF-MR Program and there is no other similar comprehensive program offering residential and habilitation services to which applicants can be referred. The other major source of comprehensive community living services is the mental health/mental retardation system of local providers. However, eligibility for these services is also contingent upon a diagnosis of mental retardation or mental illness. As a result, persons with developmental disabilities with borderline or normal intellectual functioning and substantial functional limitations often remain unserved.

The Council has received public input through public forums and interagency task forces during the past three years about this gap in the service delivery system. During the FY 1987-89 plan period, the Council will initiate a series of activities to address this concern. Strategies include: 1) gathering information from other states about eligibility criteria used for federal Title XIX (medicaid) and Title XX (social services), and state-funded community living programs; 2) monitoring and advocating for proposed federal medicaid reform legislation; 3) providing recommendations to address this issue in the 70th and 71st Texas Legislatures; and 4) Developmental Disabilities Program grant activities which will respond to this unmet need or which will increase the capacity of agencies to provide services in this area.

Monitor and Evaluate the Effectiveness of the Texas Community Services System

The Council recognizes that in order to successfully advocate for changes in the service delivery system, it must be not only well-informed about service delivery issues but also able to provide data which effectively reinforces Council advocacy positions.

Currently, the Council is supporting two projects which should produce valuable information about the Texas service delivery system. One project is studying barriers to the use of community resources by examining agency records and interviewing families requesting (institutional) state school placement for children and adults with mental retardation. A second project is conducting an independent evaluation of the medicaid home and community-based services waiver, the "Intermediate Community Services Program (ICS)." This new program provides individualized community services to persons with mental retardation. The project is collecting comprehensive data on clients accepted into the program and comparing it over time with comparable data collected from a matched comparison group of clients living in institutions or the community who are not receiving ICS Program services.

Finally, the Council is supporting three new projects which will evaluate the effectiveness of the Texas community services system in addressing the needs of persons with developmental

disabilities. One project will study a cross-section of urban and rural communities and their residents with developmental disabilities who come into contact with the service delivery system. It will examine the adequacy of the system in terms of the array of services available, the accessibility of services to clients, the costs of services, the impact of service provision on client functioning, and the outcomes which result when applicants are denied services. The second project will be providing supplemental funding to a community living program serving persons with severe and multiple developmental disabilities who are clients associated with the Lelsz settlement agreement. The third project is the employment-related activities planning grant mentioned earlier. Taken together these studies will provide the Council with concrete research and evaluation data which will support future advocacy and planning efforts.

4.3 What are "Priority Service Areas"?

The federal Developmental Disabilities Act requires each state to assess the service needs of all citizens with developmental disabilities, with special emphasis on four service areas identified in the legislation as requiring special consideration. These four areas are listed and defined in paragraph 4.3.1.

The Act further requires each State Developmental Disabilities Program to commit at least 65% of the Federal allotment to "service activities" in at least one but not more than three of the Federal priority service areas. Beginning with FY 1987, "Employment Related Activities" must be selected by each State as a priority service area.

The Texas DD Program has committed in excess of 75% of its federal DD funds to service activities for the past few years and expects to continue to do so in the future.

The process and justification for selection of the State's priority service areas is provided in paragraph 4.3.2. The current priority service areas are named in paragraph 4.3.3.

4.3.1 The Federal Definitions of Priority Service Areas and the Elements of those Services as Operationalized in Texas.

(A) Case Management: Services which will assist persons with developmental disabilities in gaining access to needed social, medical, educational and other services; includes follow-along services which ensure a continuing relationship, lifelong if necessary, between a provider and a person with developmental disabilities and the person's immediate relatives or guardians; includes coordination services which

provide support, access to and coordination of other services, information on programs and services and monitoring the person's progress. (Section 102 (11) (H) (i) (ii))

Although the Council has never selected case management as a priority service area, it recognizes the importance of the case management function for persons who have severe disabilities and require lifelong services. Case management is a component in all developmental disabilities grant projects with direct services objectives.

There is no state agency in Texas which has a mandate to provide generic case management services to all persons with developmental disabilities. Advocacy, Incorporated, the state developmental disabilities protection and advocacy program, does offer a statewide telephone information and referral service for information on developmental disabilities services (800-252-9108) but does not offer ongoing case coordination or follow-along services.

The remainder of Texas service programs probably have some type of case management component such as information and referral, case coordination and follow-along services pertaining to their specific services. However, the Council has never systematically examined the case management function in Texas service programs and no system provides case management to all persons with developmental disabilities. To do so would involve an indepth study of a dozen or more relevant service delivery programs.

The most significant recent development in the area of case management has been passage of Senate Bill 633 during the 69th Texas Legislature (1985). This legislation requires the Texas Department of Mental Health and Mental Retardation to establish case management services at all of its facilities and community MHMR centers by October 1, 1985. All clients who are either residents of or at risk for institutionalization must be assessed for case management services. The key functions of this case management mandate are to provide clients with a single point of accountability in the MHMR service system, to enhance the natural support systems of clients, and to provide continuity of care both in the provision of MHMR services, and in linkages to services of other agencies. The ultimate goal is to assure the highest level of community functioning and integration possible for a client.

(B) Child Development Services: Services which will assist in the prevention, identification, and alleviation of developmental disabilities in children, including early intervention services, counseling and training of parents, early identification, diagnosis and evaluation of developmental disabilities. (Section 102 (11) (G))

Developmental Disabilities Program funds were a major source of public funding for child development services for children ages

0 - 3 from 1970 until 1981 when the 67th Texas Legislature passed S.B. 630 to establish the Early Childhood Intervention (ECI) Program. From the early 1970s the Council recognized early intervention as a crucial service priority. During that time the DD Program supported over 125 projects for children with developmental disabilities, developmental delays, or children at risk for developmental disabilities.

There is a general consensus that the DD Program was instrumental in building a statewide base of support for early childhood intervention services. Initially, DD funding allowed individual programs to be established and to grow. Over time, statewide support grew as local programs and consumer groups coordinated efforts to provide services and to increase public awareness about the benefits of early intervention. This statewide constituency advocated for more resources for the 0 - 3 population and, in turn, was instrumental in pressing for state legislation to create the ECI Program, which is funded entirely through state appropriations.

Very briefly, the ECI Program is a statewide system of early childhood intervention programs established to enhance the development of children who are at risk or identified as developmentally delayed. For children from birth to age three, ECI provides funding to intervention programs through a competitive proposal process. For children from birth to age six, ECI provides information and referral to parents, professionals and the public about intervention programs; and also provides follow-up services for children identified as exhibiting delays or medical problems. The ECI Program is administered by the Texas Interagency Council on Early Childhood Intervention, which is composed of one representative from each of four major state agencies, the Texas Departments of Health, Mental Health and Mental Retardation, Human Services, and the Texas Education Agency, and one public representative. This ECI Council has major responsibility for carrying out the intent of the legislation.

The DD Council also has played a role in increasing awareness about the issue of early intervention services among health professionals and the public. During FY 1981 the Council supported a project through the University of Texas Medical Branch at Galveston to develop self-instructional training materials about developmental disabilities for primary health professionals providing services to the 0 - 3 population. The DD Program also funded a project through the Region XIII Education Service Center, titled "Understanding People," a public awareness program to educate school-aged children about the special needs and problems facing children and adults with developmental disabilities.

Finally, the Council supported a number of local information and referral projects in the area of children's services. Projects were funded in Fort Worth, San Antonio, Waco and Houston in order to assist families in locating appropriate services.

Overall, it appears that the Council's efforts in the area of child development services have been successful and have benefitted a number of community interests. First and foremost, the DD Program contributed to the development of a statewide system of early intervention programs operated under the auspices of a wide variety of public and private, nonprofit organizations. Second, the individual projects provided early intervention services to children with developmental delays and/or disabilities. Third, the Council was instrumental in building a statewide constituency strong enough to successfully press for state legislation and appropriations for the ECI Program.

(C) Alternative Community Living Arrangement Services: Services which will assist persons with developmental disabilities in developing or maintaining suitable residential arrangements in the community, including in-house services (such as personal aides and attendants and other domestic assistance and supportive services), family support services, group living services, respite care, recreation and socialization services and staff training, placement, and maintenance services. (Section 102 (11) (D))

The Council has been supporting projects in the area of community living services since 1974 and has elected to continue this emphasis for FY 1987-89. The majority of public input to the Council, based on both solicited public testimony and unsolicited letters and telephone calls, revolves around the many needs for more residential services and residential support services.

Parents are continually searching for appropriate community living programs for their adult children with disabilities. Primary consumers are seeking individualized residential services that provide a maximum of personal independence and integration, an optimal array of personal care assistance services, architectural accessibility, and accessible public transportation. Residential providers are generally under pressure to accept additional clients and often find themselves searching for new programs for their current clients that will promote their transition to more personal independence, growth and development. Persons interested in becoming residential services providers are searching for programs that can offer a stable funding base from which to build viable foster care homes, group homes or other residential services.

In Texas the community residential services system is made up of ICF-MR facilities, non-ICF-MR facilities, group homes, semi-independent living apartments, foster homes, Department of Housing and Urban Development (HUD) housing, HUD Section 8 housing subsidies, and the state Supervised Living Program. The shortage of residential services is acute for all categories, however, the availability of appropriate services for persons with the most severe physical, behavioral and sensory disabilities and

multihandicapping conditions is even worse. There are very few programs for persons with the most severe disabilities. The cost of providing appropriate services for persons with conditions such as autism, deaf-blindness or severe cerebral palsy is high.

Existing program funding contingencies, client eligibility criteria, required life safety codes, and other licensing standards all make it difficult both to initiate services and maintain stable programs.

There are also very few programs for persons with multiple handicapping conditions, particularly those conditions that require the expertise of service providers with training in divergent fields of practice and a working knowledge of traditionally separate service delivery systems. There are a shortage of programs, providers and effective treatment/ rehabilitation techniques for populations including persons with mental illness and mental retardation, criminal offenders and probationers with mental retardation, and young adults with severe emotional disturbances.

Given the complexity of the Texas services system, the increasing demand for residential services, and the increasing demand for more specialized residential services, the Council will continue its efforts to study the system. The Council will continue to support funding activities under the developmental disabilities grants program, and will monitor and evaluate the results and impact of current developmental disabilities community living projects. Finally, the Council will develop recommendations for legislative advocacy on the state and federal levels to improve and expand community living services for all persons with developmental disabilities.

(D) Employment-Related Activities: Services which will increase the independence, productivity, or integration of a person with developmental disabilities in work settings, including such services as employment preparation and vocational training leading to supported employment, incentive programs for employers who hire persons with developmental disabilities, services to assist transition from special education to employment, and services to assist transition from sheltered work settings to supported employment settings or competitive employment. (Section 102 (11) (E))

The employment-related activities priority service area is a new category under the DD Act. Until 1984, the fourth priority service area was "nonvocational social development" services. When the DD Act was reauthorized, the prevailing philosophy underlying the bill was to promote the independence, productivity, and integration into the community of persons with developmental disabilities. The employment-related activities priority service

area reflects a value base which assumes that all persons with disabilities have abilities and are capable of learning skills leading toward vocational goals and employment.

In Texas, the major elements of the employment-related services system are administered by four state agencies. The Texas Rehabilitation Commission operates the Vocational Rehabilitation Program for all categories of clients with the exception of those with visual impairments. The Texas Commission for the Blind operates the Vocational Rehabilitation Program for persons who are blind or visually impaired. The Texas Employment Commission administers the regular employment services program and a number of Wagner-Peyser Act grants. The Texas Department of Community Affairs administers the Job Training Partnership Act Program. Together, these agencies operate the largest statewide programs leading toward the goal of competitive employment for clients. Although these agencies do not collect client data on developmental disabilities, it is well-known that many clients with severe disabilities who receive services have developmental disabilities.

In the area of sheltered and supported employment, the Texas Rehabilitation Commission and the system of local mental health and mental retardation authorities provide the majority of publicly-supported services. The Texas Rehabilitation Commission administers the state-funded, Extended Rehabilitation Services Program. This program provides sheltered employment and contracts for some residential services for clients who have some vocational potential but who cannot qualify for regular vocational rehabilitation services. There were 19 local providers under contract with the Commission to deliver these services in 1985.

Local mental health and mental retardation authorities use state appropriations to initiate sheltered employment services programs. Some of these programs are based in the mental health or mental retardation programs and others are work stations in industry.

A variety of private, nonprofit organizations and some community colleges also offer employment-related services and vocational training. A list of 15 Texas programs taken from the 1985 National Directory: Training and Employment Programs for Americans with Disabilities is in Appendix 6. The organizations include local Goodwill Industries, the Association for Retarded Citizens - U.S., Projects with Industry and Disabled Workers Programs, as examples.

The education system through its 1,098 independent school districts probably is the largest provider of vocational training services. Local mental retardation authorities and some private, nonprofit organizations also offer prevocational activity program services.

In the area of independent living services, the Texas Rehabilitation Commission administers and/or operates three statewide programs. The Independent Living Program is authorized under Title VII of the Federal Rehabilitation Act of 1973. Part B of the program enables the establishment of consumer-operated independent living centers. This program receives both federal and state funds which support five independent living centers in Texas. Part A of the program enables states to offer Independent Living Rehabilitation Services. This program receives both federal and state funds for rehabilitation services. These services enable individuals with severe disabilities to improve or maintain their independent functioning in the community. Finally, the Commission has initiated a Comprehensive Medical Rehabilitation Services Program for persons with traumatic spinal cord and/or brain injuries in order to enhance their quality of life in regard to mobility, self-care and other functional abilities. This new program was initiated in 1984 and is totally state-funded.

The Texas Rehabilitation Commission was given legislative authority to operate programs for persons who are deaf and blind begirning in FY 1985. The Commission currently provides support to two residential projects which have also been supported initially by DD Program grant funds. The Commission will also provide other services to these individuals and their families, such as a summer camp experience and parent training opportunities.

The Governor's Committee for Disabled Persons is a state-funded program administered by the Texas Rehabilitation Commission. The mission of the program is to promote employment of persons with disabilities through coordination of a statewide volunteer program of "Mayor's Committees" and through distribution of public information materials. The Governor's Committee sponsors annual meetings to recognize outstanding efforts by the media in portraying persons with disabilities, and employers who hire persons with disabilities. The Governor's Committee also annually recognizes Texans with disabilities for their outstanding contributions to the state. Finally, the Governor's Committee conducts special studies concerning the service needs of special groups, such as elderly, racial and ethnic minority, and women with disabilities.

4.3.2 The Process by Which Texas Priority Service Areas are Selected

The Planning Committee of the Council is responsible for coordinating Council participation for all major planning functions, including recommendations for priority service areas, development of the State Plan and administering agency plans, reviewing and commenting on state plans, coordinating public forums, and making recommendations to the full Council for

requests for proposals. Because of the broad scope of its responsibilities, the Planning Committee is well-informed about statewide developmental disabilities issues and service needs. During FY 1985 the Committee met frequently to discuss all planning areas and to provide guidance to staff in preparing all planning documents.

The process for selecting the FY 1987-89 priority service areas included an Austin public forum and a statewide needs assessment questionnaire, a Developmental Disabilities Grants Conference, consideration of state plan reviews, unsolicited letters, and a review of results from the 69th Texas Legislature and public forums conducted in 1983-84.

1985 Public Forum and Needs Assessment Questionnaire

In April, 1985 the Council sponsored a one-day public forum in Austin to receive public testimony on service needs in the areas of community living and employment-related activities. A total of 62 persons attended the Forum and 21 delivered oral testimony. The public testimony identified an extremely broad range of needs. People called for Council action to increase provision of direct services, training, research, coordination of services, case management, licensure and certification of service programs, technical assistance, legislative advocacy, and improved public transportation.

In conjunction with the Public Forum, a needs assessment questionnaire was mailed statewide to the approximately 2,000 persons on the Council mailing list in order to provide an opportunity for input to persons who could not attend the Austin Public Forum. A total of 259 persons returned questionnaires. The majority of respondents identified themselves as either service providers or family members of persons with developmental disabilities.

Respondents were asked to rank order three activity areas that they believed are most needed in their communities under each priority service area. The results, presented in Tables 11 and 12, show that individualized residential arrangements, family support services, and residential support services were perceived as most needed under alternative community living arrangements. Consensus was particularly high for individualized residential arrangements.

In the area of employment-related activities, respondents ranked employment preparation and vocational training leading to supported employment first, followed by incentive programs for employers to hire persons with developmental disabilities, and prevocational skills training.

The Planning Committee carefully studied the results of the Public Forum Report. In the case of alternative community living

TABLE 11

ALTERNATIVE COMMUNITY LIVING ARRANGEMENT SERVICES
by Overall Ranking, Priority Level
and Weighted Scores

	Overall Rank	Priority 1	Priority 2	Priority 3	Weighted Score
Individualized Residential Arrangements	1	125	35	21	466
Family Support Services	2	56	52	24	296
Residential Support Services	3	10	43	30	146
Using Community Resources	4	41	2	1	128
Technical Assistance	5	14	22	18	104
Prevocational Skills	6	9	21	27	96
Daily Living Skills	7	5	14	33	76
Training Programs	8	4	15	24	66
Research & Planning	9	5	8	11	42
Coping with Social Situations	10	1	6	10	25
Leisure Time	11	1	5	10	23

[1]Weighted Scores. A ranking of #1 was multiplied by 4; a ranking of #2 was multiplied by 3: a ranking of #4 was multiplied by 1. The total weighted score for a category was calculated by obtaining a sum of the weighted scores.

TABLE 12

EMPLOYMENT-RELATED ACTIVITIES
by Overall Ranking, Priority Level
and Weighted Scores[1]

	Overall Rank	Priority 1	Priority 2	Priority 3	Weighted Score
Employment Preparation	1	42	56	39	277
Incentive Programs	2	39	33	43	226
Prevocational Skills	3	44	25	19	201
Vocational Skills Training	4	34	27	18	174
Transition from Special Education	5	24	30	27	159
Transition from Sheltered Work	6	19	29	29	144
Technical Assistance Projects	7	17	16	24	107
Training Programs	8	4	8	26	54
Research and Planning	9	6	6	6	36

[1] Weighted Scores. A ranking of #1 was multiplied by 4; a ranking of #2 was multiplied by 3; a ranking of #4 was multiplied by 1. The total weighted score for a category was calculated by obtaining a sum of the weighted scores.

arrangements, the results confirmed the Council's observations about the statewide need for increased residential services, family support services, and individual support services.

The employment-related activities results provided the Planning Committee with its first public input on service needs in this area. The results showed that consumers, providers and parents perceived different categories of activities as their highest priorities. Persons with disabilities consistently chose training - employment preparation, vocational and prevocational skills training - as their highest priorities. Family members chose employer incentive programs in addition to vocational skills training. Service providers identified employer incentive programs and transition from sheltered work settings to supported work or competitive employment settings as top priorities.

1983-84 Public Forum Results

The Council conducted a series of ten statewide Public Forums in 1983-84 through a grant to Advocacy, Inc.. The goals of the Forums were to solicit public testimony on the service needs of Texans with developmental disabilities and to promote awareness about the DD Program. More than 800 Texans participated in the project and over 200 persons presented written or oral testimony to local hearing panels made up of DD Council members, state agency representatives, legislators and legislative aides.

When participants ranked the importance of the four priority service areas authorized under the DD Program, the majority identified the need for more alternative community living arrangement services. Persons providing testimony called for long-term, community-based residences, particularly for persons with chronic, severe and multiple disabilities. They also identified the need for attendant care as a residential support service. Testimony offered on behalf of persons with disabilities who are living at home focused on the need for family support services, primarily in the areas of respite care, day programming and transportation.

Participants also identified needs in other service areas. Participants recognized the need for a variety of services which help people perform daily living and leisure time activities, including continuing education programs, voluntary self-help groups, and transitional services for persons "aging out" of public schools. Testimony in the area of case management focused on the need for more systematic individualized matching of clients with services and more coordination and cooperative planning by state agencies and organizations providing services. Testimony in the area of child development called for provision of statewide early intervention services for all children with developmental disabilities, and made specific recommendations to public and

private education programs regarding students with developmental disabilities.

Finally, participants in the Public Forums were given an opportunity to identify "other" concerns. The need for vocational training and employment services was mentioned repeatedly as the largest category of "other" responses. Specific recommendations included increased funding to public schools for vocational and on-the-job training for special education students, and removing work disincentives from federal and state assistance programs serving persons with developmental disabilities.

Developmental Disabilities Grants Conference

In September, 1985 the Council sponsored a conference to disseminate the results of developmental disabilities projects and to provide opportunities for dialogue among grantees and Council members. Grantees provided copies of final reports and other grant products, and also distributed Project Summary Reports, concise summaries of each project. Approximately 125 persons attended the two-day conference which featured presentations and panel discussions by 19 grantees.

After the meeting, Council staff prepared a summary of all recommendations to the Council by grantees for future advocacy and grant-funding activities. The Planning Committee incorporated this input into their planning process for future requests for proposals and for selection of priority service areas for the state plan.

Finally the Planning Committee considered state plan reviews, results of the Texas 69th Legislature, and unsolicited letters in their planning process.

The Planning Committee made a recommendation to the full Council at its September, 1985 meeting to adopt alternative community living arrangement services and employment-related activities as the priority service areas for FY 1987-89. There was some discussion about the motion. The Council discussed the goals of the employment-related activities planning grant approved for FY 1986 and their desire to become fully oriented to the existing system of services and the gaps in services for persons with developmental disabilities. The motion was then passed unanimously. There seemed to be a general consensus among Council members to continue to address service needs in community living services and to initiate study of service needs in the area of employment-related activities.

4.3.3 Texas Priority Service Areas

Through the process described above, Texas has selected:

1) alternative community living arrangement services; and
2) employment-related activities for special emphasis during the next three years.

Alternative Community Living Arrangement Services

The major factor influencing the selection of alternative community living arrangement services is the increasing demand for community-based, residential services and support services. The population of persons with developmental disabilities in Texas is growing. More infants with disabilities are surviving to adulthood as a result of improved perinatal care. More children are receiving public special education services and more young adults are graduating from high schools. An influx of adults with severe disabilities into communities is contributing to a growing public awareness about the lack of adult services available to assist in the transition from school to adult roles in order to foster maximum independence, productivity, and integration into the community.

Employee Protection Plan

The Texas Department of Mental Health and Mental Retardation (TDMHMR) has developed an **Initial Strategic Plan: 1986-1991** which delineates the goals of the Department for the coming years. That Plan indicates the intent of the Department to reduce the census in state institutional facilities for persons with mental retardation by 1800 while developing 3300 new residential placements in community settings with necessary support services during the next six years. The Plan also establishes a goal of 11,000 beds and 120 24-hour crisis stabilization teams in community settings for persons with mental illness by 1991 while maintaining 3000 beds in eight state institutions plus an additional 1500 beds in "extended rehabilitation services" programs to be developed by those institutions.

The Department indicates that necessary reductions in the workforce at state institutional facilities accompanying a reduced client census will be achieved by attrition. Client census reductions will likely not exceed 6-8% yearly during this period while the institutional facilities have historically averaged personnel turnover of 20-25% yearly.

The Texas Planning Council has reviewed various TDMHMR policies and procedures related to personnel practices during a "reduction in force." We are continuing to provide recommendations to the Department of further revisions which we feel would maintain and/or enhance the quality of care to persons with developmental

disabilities both in institutional facilities and those who may be moved to community settings while also protecting the interests of employees affected by such movement, to the maximum extent practicable.

The Developmental Disabilities Act requires that the **State Plan** developed jointly by the state planning council and its administering agency shall:

> "provide for fair and equitable arrangements ... to protect the interests of employees affected by actions under the plan to provide alternative community living arrangement services, including arrangements designed to preserve employee rights and benefits and to provide training and retraining of such employees where necessary and arrangements under which maximum efforts will be made to guarantee the employment of such employees" [42 U.S.C. 6022(b) (6) (B)].

Current policies of TDMHMR on "Employee Retention", "Staffing Realignment", and "Workforce Reduction" are included in Appendix 7.

While the Department maintains communications with representatives of state employees, they are prohibited from "negotiating" with employees or their unions in regard to personnel matters due to state legislation which disallows collective bargaining. The requirements of Federal Regulations adopted pursuant to the Act are addressed by these policies in the following manner:

(a) TDMHMR policies provide employees whose employment is affected by a reduction in force access to normal Departmental complaint procedures. This procedure would allow an employee to file a complaint should a concern arise regarding implementation of a facility reduction in force plan by the facility supervisor. If the complaint is against the facility superintendent or director, the employee may file a complaint with the Deputy Commissioner for Mental Retardation or Mental Health.

(b) All employees of the Department are aware of the Department's goals for movement of individuals to community settings. The Department has provided information in various ways, including articles in the Department newsletter and discussions of appropriateness of community placement for individual clients at each interdisciplinary team staffing. Additionally, the Personnel Policies included in Appendix 7 require all persons affected by staffing realignments or work force reductions to be notified as soon as possible of such status, preferably six months to one year in advance, but in no instance less than 30 days.

(c) TDMHMR policies include descriptions of actions to be taken to retain employees affected by work force reductions including transfers and reassignments within state institutional facilities, between facilities and Central Office, and placement of TDMHMR employees in community MHMR centers or private provider programs when contracting with the Department for movement of programs or clients from state facilities to such centers or private providers. These policies address efforts to maintain employment for TDMHMR employees and strive to preserve the rights and benefits of such employees to the maximum extent practicable.

(d) The Department plans to reach agreements with Community MHMR Centers to include language in contracts for FY 1987 requesting those centers "to give first preference in hiring to qualified former employees of the Department whose positions were deleted due to reductions in force, and to consider deleting the requirement for any probationary period of employment for such employees' and to paying such employees' moving expenses."

(e) These policies review actions for transfer of employees affected by reduction in force actions to positions for which they qualify or may qualify after a short period of training or retraining. Policies are currently being developed to operationalize the Department's commitment to retaining employees by transfers "out of position" and providing such "on the job training" as may be necessary.

(f) Information summarizing new staff training provided to all mental health and mental retardation workers of TDMHMR is included in Appendix 7. It is evident that these training modules assure that all such workers have at least the minimal competencies needed to successfully transfer to many related positions in community programming.

In accordance with requirements of the Consolidated Omnibus Budget Reconciliation Act of 1986, (P.L. 99-272), the Texas Employees Uniform Group Insurance Program will offer continuing group health care coverage to qualified beneficiaries for 18 months following voluntary or involuntary termination of employment. Premiums for each coverage must be paid by the employee, but such premiums may not exceed 102% of the plan's cost for other employees. Additionally, the Department's policies allow for restoration of accrued sick leave for employees re-hired within six months of an involuntary separation.

Recognizing that the administering agency for the Texas Planning Council for Developmental Disabilities, the Texas Rehabilitation Commission, is <u>not</u> the state agency responsible for providing

institutional programs, the Council chose to incorporate a state plan objective

> "to advocate for fair and equitable arrangements to protect the interests of employees affected by actions under the plan to provide alternative community living arrangements, including arrangements designed to preserve employee rights and benefits and to provide training and retraining of such employees where necessary arrangements under which maximum efforts will be made to guarantee the employment of such employees."

Within this objective, the Council will continue to monitor, review and evaluate activities of the Texas Department of Mental Health and Mental Retardation pertaining to employee retention and work force reductions and will provide recommendations to the Department as well as the Governor, the Texas Legislature, and other involved parties of further actions necessary to preserve the rights and benefits, including employment, of persons affected by future work force reductions resulting from movement of individuals from institutional facilities to community settings, as required by Federal Regulations developed pursuant to the Developmental Disabilities Act.

Finally, the Developmental Disabilities Program will request developmental disabilities grantees to give priority consideration in hiring qualified former employees of the Department whose positions were reduced due to transfers of clients from state institutional facilities to community programs.

Employment-Related Activities

The addition of employment-related activities as a mandated priority service area in the 1984 reauthorization of the DD Act will provide an impetus to address a broad range of adult services needs in Texas. The Council has adopted a long-range goal to "increase the availability of meaningful, age appropriate activities for adults with developmental disabilities..." The service needs of adults with profound levels of mental retardation or other mental impairments to develop their potential and abilities will be different from those of adults with chronic medical needs who are not mentally impaired. The Council is firmly committed to conducting a thorough analysis of the existing system of employment-related services, both in order to address gaps in services and to advocate for changes in the service system which will benefit all persons with developmental disabilities.

SECTION 5: GOALS, OBJECTIVES AND FUNDING

5.1 Long-Range Goals and Objectives

The Planning Committee coordinated the development of the Council's goals, objectives, and proposed strategies for the 1987-89 Plan period. First, the Committee drafted a series of ten long-range goals. The primary purpose of the long-range goals is to define the general direction of the Texas program and to provide a framework for designing more specific strategies, such as State Plan objectives and future recommendations for requests for proposals.

The long-range goals were presented to the full Council for review and approval at its quarterly meeting on September 5-6, 1985. After approval of the goals, the Council engaged in a brainstorming session to identify key developmental disabilities issues and strategies for accomplishing the goals. Finally, staff prepared draft objectives and proposed strategies under the goals which were reviewed and approved by the full Council.

The administering agency has been involved in the joint development of the Plan from the beginning of the planning process. At each step of the way, the administering agency representative to the Council has reviewed all materials and provided input to the Plan. There is also a long-range goal (number 11) which deals specifically with the joint responsibilities of the Council and administering agency to ensure compliance with the DD Act.

What follows is a complete listing of the Council's goals and objectives for FY 1987-89. The Council and its Committees will develop activities to implement these goals and objectives on a yearly basis. The goals and associated objectives are not listed in any particular order of priority. The Council considered and rejected a proposal to prioritize the long-range goals. The goals do tend to follow a chronological order in terms of the life cycle of persons with developmental disabilities, starting with health-related services, family support services and education services and followed by community living and employment-related services.

The three-year objectives and strategies reflect activities in which the Council is already involved or which one or more of its Committees are planning to accomplish during this Plan period.

GOAL 1: To improve the quality and increase the availability of health-related professional and paraprofessional services to persons with developmental disabilities. (Alternative Community Living Services (ACLS)

OBJECTIVE 1: Promote a developmental disabilities curriculum package for physician education.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Review curriculum developed through DD grant to U.T. Medical Branch -Galveston (1983)	Staff report to Planning Committee	9/30/89
2. Develop a plan regarding medical education on developmental disabilities	Planning Committee Advocacy & Public Information (A & PI) Committee	9/30/89

GOAL 2: To increase the availability of a full array of family support services. (ACLS)

OBJECTIVE 1: Advocate for statewide respite care services.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Study final report recommendations of the DD grant "Respite Care Network" for potential advocacy activities.	Staff A & PI Committee Planning Committee	9/30/89

OBJECTIVE 2: Advocate for and support development of statewide attendant care services.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Participate in the Attendant Care Task Force	Staff A & PI Committee	9/30/89
2. Monitor the Texas Department of Human Services Pilot Attendant Care Program	Staff A & PI Committee	9/30/89

OBJECTIVE 3: Advocate for and support development of statewide transitional services.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Participate in the Transitional Services Task Force	Staff A & PI Committee	9/30/89
2. Monitor the FY 1986 DD planning grant "Employment-Related Activities (ERA) Planning Study."	Staff Planning Committee	9/30/89

GOAL 2: To increase the availability of a full array of family support services. (ACLS)

OBJECTIVE 4: Advocate for and support development of a comprehensive family support system in Texas.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Review the state-funded family support models outlined in the Wisconsin DD Council Report.	Staff	9/30/89
2. Request information from the Connecticut DD Council on a family support initiative with private insurance companies.	Staff	9/30/89
3. Develop Council recommendations for a viable family support services model for Texas.	Staff A & PI Committee	9/30/89
4. Review and/or develop family support legislation.	A & PI Committee	9/30/89
5. Participate in relevant state task forces such as the Autism Task Force and the Interagency Deaf-Blind Task Force.	Council	9/30/89

GOAL 3 To promote public and private school systems which are designed to increase independence, productivity and integration into the community for persons with developmental disabilities. (ACLS and ERA)

OBJECTIVE 1: Monitor development and completion of the educational curriculum for students with severe developmental disabilities being prepared under the FY 1986 DD curriculum development grant.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Staff provide liaison to grant and periodic reports to Council.	Staff	9/30/89

OBJECTIVE 2: Advocate for appropriate instructional arrangements for students with developmental disabilities in public schools so that students with disabilities have opportunities for instruction and integration with non-disabled students.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Monitor the Texas Education Agency accreditation process for independent school districts which includes opportunities for integration as one of the criteria.	Staff	9/30/89
2. Promote training and experience in the area of developmental disabilities for regular education teachers and parents in independent school districts.	A & PI Committee	9/30/89

GOAL 4: To increase the availability and stability of community living options and appropriate support services. (ACLS)

OBJECTIVE 1: Monitor implementation of developmental disabilities community living grants for potential recommendations to increase the availability and stability of community living options and appropriate support services.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Monitor DD grant being implemented by the Association for Retarded Citizens - Texas to establish housing.	Staff	9/30/89
2. Monitor DD grant being implemented by the Mental Health Association - Texas to establish housing and residential services.	Staff	9/30/89
3. Monitor results of DD grant project "Independent Evaluation of the Intermediate Community Services Program" for legislative and appropriations recommendations.	Staff Planning Committee A & PI Committee	9/30/89
4. Monitor results of the FY 1986 DD Project "Independent Evaluation of the Development of the Texas Community Services System" for legislative and appropriations recommendations.	Staff Planning Committee A & PI Committee	9/30/89
5. Monitor the results of the FY 1986 DD grant to provide residential and support services to persons participating in the TDMHMR model placements initiative.	Staff Planning Committee A & PI Committee	9/30/89

GOAL 4: To increase the availability and stability of community living options and appropriate support services. (ACLS)

OBJECTIVE 2: Provide information about public policy and state and federal legislation impacting residential and support services.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Monitor public policy and state and federal legislation.	Staff A & PI Committee	9/30/89
2. Issue periodic "Information Alerts" and bimonthly issues of "Highlights."	Staff A & PI Committee	9/30/89
3. Study ICF-MR survey reports and make recommendations to the full Council for future action.	Staff A & PI Committee	9/30/89

GOAL 4: To increase the availability and stability of community living options and appropriate support services. (ACLS)

OBJECTIVE 3: Advocate for proposed legislation and appropriations requests at the state and federal level that will increase community living options and support services.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Engage in legislative advocacy activities that will increase community living options and support services.	A & PI Committee	9/30/89
2. Advocate for fair and equitable arrangements to protect the interests of employees affected by actions under the plan to provide alternative community living arrangement services, including arrangements designed to preserve employee rights and benefits and to provide training and retraining of such employees where necessary arrangements under which maximum efforts will be made to guarantee the employment of such employees.	Staff Council	9/30/89

GOAL 4: To increase the availability and stability of community living options and appropriate support services. (ACLS)

OBJECTIVE 4: Promote increased availability of community living options and appropriate support services, such as case management services.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Initiate development of a television Public Service Announcement (PSA) and other public information in the area of community living.	Staff A & PI Committee	9/30/89
2. Support efforts of other organizations and state agencies to promote independent living options.	Staff A & PI Committee	9/30/89

GOAL 4: To increase the availability and stability of community living options and appropriate support services. (ACLS)

OBJECTIVE 5: Promote the development of appropriate rules and regulations regarding certification and licensure standards in community living programs and support services.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Study certification and licensure issues occurring in programs provicing services to persons with developmental disabilities.	Staff A & PI Committee	9/30/89
2. Support equitable resolution of certification and licensure issues through input to agencies promulgating rules and regulations.	Staff A & PI Committee	9/30/89
3. To advocate for quality assurance in all developmental disabilities service programs by encouraging state and local service provider agencies to seek appropriate accreditation, licensure and/or certification.	Staff Council	9/30/89

GOAL 4: To increase the availability and stability of community living options and appropriate support services. (ACLS)

OBJECTIVE 6: Promote the development of insurance coverage for persons with developmental disabilities.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Identify insurance coverage issues and current legislative resolutions and task forces/ committees involved in studying insurance issues.	Staff A & PI Committee	9/30/89

OBJECTIVE 7: Monitor issues regarding protection of client rights in residential services programs.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Monitor and resolve client rights issues in developmental disabilities grants projects.	Staff TRC	9/30/89
2. Monitor client rights issues in institutions and community-based residential services as reported by Advocacy, Inc.	Council	9/30/89
3. Provide input to state agencies promulgating rules regarding protection of client rights issues.	Staff A & PI Committee	9/30/86

GOAL 5: To promote development of programs and funding for services to persons with developmental disabilities who are unserved or underserved. (ACLS & Employment-Related Activities (ERA))

OBJECTIVE 1: Advocate for legislation and appropriations which establish agency responsibilities for all persons with developmental disabilities who are currently unserved, underserved or inappropriately served.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Study and make recommendations for services for persons with developmental disabilities who are currently unserved, underserved or inappropriately served.	Staff A & PI Committee	9/30/89
2. Provide input during the sunset review process about the service needs of persons with developmental disabilities who are unserved, underserved or inappropriately served.	Staff A & PI Committee	9/30/89

OBJECTIVE 2: Provide public information regarding program models which provide services to persons with developmental disabilities who are unserved or underserved.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. As stated in Objective above.	Staff A & PI Committee	9/30/89

GOAL 6: To promote the use of technological developments that enhance the potential of persons with developmental disabilities for maximum independence, productivity, and integration into the community. (ACLS & ERA)

OBJECTIVE 1: Monitor implementation of the DD FY 1986 model services program in "Regional Rehabilitation Technology Services."

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Provide Staff and Council liaison to grant and provide periodic reports to Council.	Staff Council	9/30/89

OBJECTIVE 2: Promote in-service and pre-service training in the area of rehabilitation technology resources for service providers.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Provide public information describing available rehabilitation technology resources for statewide distribution in cooperation with the Texas Rehabilitation Commission, the Texas Education Agency, and other agencies providing these services.	Staff A & PI Committee	9/30/89

OBJECTIVE 3: Initiate communication with other private and public sector organizations regarding advances in rehabilitation technology.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. As stated in Objective above	Staff A & PI Committee	9/30/89

GOAL 7 To assist the State of Texas in developing a data management system that will facilitate effective planning, resource allocation, and evaluation of services to persons with developmental disabilities. (ACLS)

OBJECTIVE 1: Advocate with the Council on Disabilities for funding of a statewide demographic survey to determine the prevalence and location of persons with disabilities.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Provide legislative testimony in support of the demographic survey.	A & PI Committee	9/30/89
2. Consider a funding recommendation to the administering agency to offer a "challenge grant" to the State as an incentive to fund the survey.	Planning Committee Council TRC	9/30/89

OBJECTIVE 2: Identify the elements of a client information data base.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Study the data elements used by the California Department of Developmental Services (report 8/85).	Staff Planning Committee	9/30/89
2. Provide information to the Sunset Commission regarding the need for common data elements.	Staff Planning Committee A & PI Committee	9/30/89

GOAL 8 To increase the availability of meaningful, age appropriate activities for adults with developmental disabilities which increase their potential for independence, productivity, and integration into the community. (ERA)

OBJECTIVE 1: Promote the use of Individual Training Plans (ITPs) by school districts statewide for all students in special education to assist in the transition from school graduation to adult life.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Monitor the FY 1986 DD grant in education curriculum which will include ITPs.	Staff	9/30/89
2. Participate in the Transitional Services Task Force.	Staff A & PI Committee	9/30/89

OBJECTIVE 2: Advocate for effective transition planning for clients leaving ICF-MR facilities (state schools and ICF-MR facilities) for community placement in non-ICF-MR facilities.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Receive periodic reports from the DD grant "Independent Evaluation of the Development of the Community Services System" which includes an evaluation of the TDMHMR placement program for clients being placed in communities from state schools.	Staff Planning Committee	9/30/89

GOAL 8 To increase the availability of meaningful, age appropriate activities for adults with developmental disabilities which increase their potential for independence, productivity, and integration into the community. (ERA)

OBJECTIVE 3: Monitor implementation of community-based programs in Texas (Medicaid Waiver program, TDMHMR incentive payments).

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Review interim and final reports of the DD grant "Independent Evaluation of the Texas Intermediate Community Services Program."	Staff Planning Committee	9/30/89
2. Monitor the results of DD projects providing community based services (5130, 5131, 5136, 5139)	Staff Council	9/30/89

OBJECTIVE 4: Monitor implementation of the TDMHMR Mental Retardation Services Six-Year Plan.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Seek membership on the TDMHMR citizen advisory committee for the six-year plan.	Staff Council	9/30/89

GOAL 8 To increase the availability of meaningful, age appropriate activities for adults with developmental disabilities which increase their potential for independence, productivity, and integration into the community. (ERA)

OBJECTIVE 5: Promote development of vocationally-oriented programs for all persons with developmental disabilities.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Provide advocacy for legislation and appropriations which increases the number of vocationally-oriented programs.	A & PI Committee	9/30/89
2. Provide public information on employment for persons with developmental disabilities.	Staff A & PI Committee	9/30/89

OBJECTIVE 6: Advocate for effective transition planning for adult offenders and probationers with developmental disabilities.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Study final recommendations for DD grant "Project Amicus" and develop strategies for future action.	Staff Council	9/30/89

GOAL 9: To facilitate the development of a comprehensive service delivery system in the area of employment-related activities for persons with developmental disabilities. (ERA)

OBJECTIVE 1: Advocate for legislation and appropriations in the area of employment-related activities.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. As stated in Objective above	A & PI Committee	9/30/89

OBJECTIVE 2: Monitor implementation and develop recommendations for future action of the FY 1986 DD planning grant "Employment-Related Activities Planning Study."

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Participate in the public forums to be implemented through the grant.	Staff Council	9/30/89
2. Review the draft ERA State Plan to be produced by the grant.	Staff Planning Committee	9/30/89
3. Approve the revised ERA State Plan.	Council	9/30/89

GOAL 9: To facilitate the development of a comprehensive service delivery system in the area of employment-related activities for persons with developmental disabilities. (ERA)

OBJECTIVE 3: Promote interagency contracts/agreements to fill gaps in ERA services for persons with developmental disabilities.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Monitor implementation of SCR 129 regarding: Transition services to adult vocational services by TEA/TRC/TDMHMR.	Staff	9/30/8(
2. Engage in joint planning with the Governor's Committee for Disabled Persons and other appropriate groups to address gaps in employment-related services.	Staff Council	9/30/89

OBJECTIVE 4: Develop instructional materials for training of service providers, parents and consumers in the area of ERA.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Monitor the FY 1986 planning grant "Employment-Related Activities Planning Study."	Staff Planning Committee	9/30/89

OBJECTIVE 5: Promote replication of the effective ERA programs.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Sponsor a statewide conference highlighting innovative programs in employment-related activities in Texas.	Staff Council	9/30/89

GOAL 9: To facilitate the development of a comprehensive service delivery system in the area of employment-related activities for persons with developmental disabilities. (ERA)

OBJECTIVE 6: Promote public awareness of needs and resources in the area of ERA through public information activities involving both state agencies and the private sector.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Participate in interagency planning opportunities offered through federal Administration on Developmental Disabilities or state initiatives.	Staff Council	9/30/89
2. Develop public information activities in the area of employment-related activities.	A & PI Committee	9/30/89

GOAL 10: To promote consumer input and involvement in activities of the Texas Planning Council for Developmental Disabilities and other public and private agencies. (ERA, ACLS)

OBJECTIVE 1: Promote public awareness about the TPCDD through a variety of media.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Issue press releases concerning new Council members, new grants and special events being sponsored by TPCDD.	Staff A & PI Committee	9/30/89
2. Publish notices in "Highlights" and the Texas Register to make available to the public the annual "Developmental Disabilities Program Grants Awards Notebook."	Staff A & PI Committee	9/30/89
3. Present awards (Certificates of Appreciation) to groups or individuals "for outstanding efforts on behalf of persons with developmental disabilities in the State of Texas."	A & PI Committee	9/30/89
4. Conduct annual grants conferences to promote public awareness of DD grant projects and Council goals.	Staff Council	9/30/89

OBJECTIVE 2: Conduct periodic public forums.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Promote public awareness of the Council.	Staff A & PI Committee	9/30/89
2. Seek targeted consumer input in areas such as advocacy needs, state plan development, and legislative priorities.	Staff Council	9/30/89

GOAL 10: To promote consumer input and involvement in activities of the Texas Planning Council for Developmental Disabilities and other public and private agencies. (ERA, ACLS)

OBJECTIVE 3: Broaden the base of the Information Alert System to 1,000 persons in Texas.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Publish notices in other Texas newsletters about this service.	Staff A & PI Committee	9/30/89

OBJECTIVE 4: Increase the size of the "Highlights" mailing list.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Send an introductory issue to all regional offices of state agencies represented on the Council.	Staff	9/30/89

OBJECTIVE 5: To promote consumer involvement in activities sponsored by the TPCDD.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Consider additional mechanisms to ensure involvement of primary consumers in conferences/ meetings/forums sponsored by the Council.	Staff A & PI Committee	9/30/89

GOAL 10: To promote consumer input and involvement in activities of the Texas Planning Council for Developmental Disabilities and other public and private agencies. (ERA, ACLS)

OBJECTIVE 6: Promote public acceptance of persons with developmental disabilities in communities.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Initiate a television Public Service Announcement aimed at increasing public acceptance of persons with developmental disabilities in communities.	Staff A & PI Committee	9/30/89

GOAL 11: To ensure compliance with the Federal Developmental Disabilities Act and procedures of the administering agency by maintaining efficient and effective administration of the Texas Planning Council for Developmental Disabilities Program.

OBJECTIVE 1: Annually obligate all priority services funds by the close of the fiscal year.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Develop requests for proposals which have potential for statewide improvements to the service delivery system.	Council TRC	9/30/89

OBJECTIVE 2: Monitor all grant projects to ensure fiscal and programmatic compliance with regulations, and with the intent of the requests for proposals.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Review all interim and final grant reports and products.	Staff	9/30/89
2. Produce an annual listing of all exemplary materials produced by grants for public distribution.	Staff	9/30/89

GOAL 11: To ensure compliance with the Federal Developmental Disabilities Act and procedures of the administering agency by maintaining efficient and effective administration of the Texas Planning Council for Developmental Disabilities Program.

OBJECTIVE 3: To use the State Plan to guide the systems change goals and objectives of the Council.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Annually review and update the State Plan.	Staff Planning Committee TRC	9/30/89
2. Review and comment on state plans under federally-assisted programs listed in the DD Act.	Staff Planning Committee	9/30/89
3. Prepare the FY 1990-93 State Plan.	Staff Planning Committee TRC	9/30/89

OBJECTIVE 4: Ensure compliance with requirements of the federal and state administering agencies.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Respond to all Administration on Developmental Disabilities program instruction memoranda to meet established deadlines.	Staff TRC	9/30/89
2. Participate in the long-range, legislative appropriations and implementation planning system of the administering agency.	Staff Planning Committee	9/30/89
3. Prepare the Annual Report to the Governor/Administration on Developmental Disabilities.	Staff TRC	9/30/89

GOAL 11: To ensure compliance with the Federal Developmental Disabilities Act and procedures of the administering agency by maintaining efficient and effective administration of the Texas Planning Council for Developmental Disabilities Program.

OBJECTIVE 5: Ensure ongoing coordination of Council objectives.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Periodically review and update the Management Agreement between the Council and administering agency.	Council TRC	9/30/89
2. Periodically review and update Council policies.	Staff Council	9/30/89
3. Annually vote on participation in the National Association of Developmental Disabilities Councils.	Council	9/30/89

OBJECTIVE 6: Obligate state funds for administrative coordination and oversight of the Texas Planning Council for Developmental Disabilities Program.

STRATEGY	LEAD ROLE(S)	TARGET DATE
1. Periodically review and update agency rules for the Developmental Disabilities Program.	TRC	9/30/89

5.2 What is the Developmental Disabilities Program's Projected Budget for FY 1987?

The projected expenditures for FY 1987 are displayed in Table 13. The actual allotment and expenditures will be reported on quarterly financial status reports, on plan year budget revisions, and at the close of the fiscal year as part of the "Annual Report."

TABLE 13

TEXAS PLANNING COUNCIL FOR DEVELOPMENTAL DISABILITIES

FY 1987 Estimated Revenue and Expenditures

ESTIMATED REVENUE		
Federal DD Funds		$2,793,093
State DD Funds		
DD Appropriation to TRC	$231,499	
State Funds Available for Benefits	42,729	
Non Reimbursed Indirect Costs	161,135	
Total State Funds		435,363
Total Estimated Revenue		$3,228,456
ESTIMATED EXPENDITURES		
Council Planning Program (Federal)		
Salaries and Benefits	246,329	
Operating Expenses	128,802	
Total Council Program Expenses		375,131
DD Council Expenses (Federal)		66,600
Administration and Grants Management (State)		
Salaries and Benefits	197,685	
Operating Expenses	76,543	
Total Administration and Grants Management Expenses		274,228
Indirect Administrative Costs		
Reimbursed	50,000	
Non-Reimbursed	161,135	
Total Indirect Administrative Costs		211,135
Priority Services Projects (Federal)		
ACLS Grant Projects	1,501,362	
ERA Grant Projects	800,000	
Total Priority Services Projects**		2,301,362
Total Estimated Expenditures		3,228,456

**Priority Services Grant Projects will generate an additional $1.5 million (estimate) non-federal funds as match.

5.3 Application Procedure for Sub-Grantees

The grants program of the Texas Planning Council for Developmental Disabilities operates on an annual basis and is administered by the Texas Rehabilitation Commission. In general, the process operates on a March 1 - February 28 yearly calendar.

The Council initiates the planning process for the grants cycle by developing recommendations for requests for proposals, specific activities to be funded as grant projects. The Planning Committee coordinates the initial preparation and submission of the draft requests for proposals to the full Council. The Council reviews and approves the recommendations, which are subsequently submitted for approval to the Commissioner of the administering agency.

The Commissioner reviews the substance and content of the Council's recommendations and determines the most appropriate funding method to achieve the Council's goals. Typically, Requests for Proposals for new grant projects are solicited. In some cases interagency contracts are negotiated to address priority service area activities.

After approval, an announcement of the requests for proposals is published in the Texas Register and in the Council's newsletter, "Highlights." At this point the application period begins. Potential applicants request application kits which include the full text of the requests for proposals, an application form and instructions, Developmental Disabilities Program Guidelines, Regulations, Appeals Process, and forms and instructions for the Texas Review and Comment System, the State system of review of applications for federal assistance. Applicants are allowed up to ten weeks to submit completed applications to the Developmental Disabilities Program office.

Grant applications reviewed pursuant to the request undergo both a competitive and technical review process. Proposals are reviewed competitively by independent proposal review panels. Review panels are made up of individuals with expertise in the area of developmental disabilities who have no conflicts of interest with the DD Program or Council.

The review panels examine proposals in two steps. First, review panel members attend an orientation and training session about the intent of the requests for proposals and the use of the review instruments. Subsequent to that meeting, panel members conduct an individual review of each proposal. The second stage of the review process involves a group meeting of panel members approximately two weeks after the orientation session. At this meeting the panel members reach consensus on the strengths and weaknesses of individual proposals, and make recommendations for funding of proposals.

Next, Developmental Disabilities Program staff conduct a technical review of proposals recommended for funding. Review panel and staff recommendations are forwarded for review and approval by the Commissioner. At this stage, the Commissioner makes a determination of which applicants will be invited to submit expanded workplans.

All workplans are reviewed by DD Program Staff. This process focuses both on ensuring consistency of workplans with the intent of the original requests for proposals, and on incorporating specific recommendations of review panels into the workplans. Workplans are approved by the Commissioner for notices of grant award after negotiations are completed. Grant awards are announced in January and new projects begin on March 1. Prior to the start-up of projects, all grantees receive pre-performance training on developmental disabilities regulations and procedures.

SECTION 6: ASSURANCES

6.1 The State of Texas assures that each designated State agency assisted under the plan will make such reports, in such form and containing such information, as the Secretary (of Health and Human Services) may from time to time reasonably require, and keep such records and afford such access thereto as the Secretary finds necessary to verify such reports. (Section 122 (b) (1) (C))

6.2 The State of Texas assures that it will maintain such fiscal control and fund accounting procedures as may be necessary to assure the proper disbursement of and accounting for funds paid to the State under Part B of Public Law 98-527. (Section 122 (b) (1) (D))

6.3 The State of Texas assures that it will establish a method for the periodic evaluation of the plan's effectiveness in meeting the objectives set forth in the plan. (Section 122 (b) (2) (D))

6.4 The State of Texas assures that funds paid to the State under Section 132 will be used to make a significant contribution toward strengthening services for persons with developmental disabilities in the various political subdivisions of the State. (Section 122 (b) (3) (A))

6.5 The State of Texas assures that part of the funds (under Part B) will be made available to public or nonprofit private entities. (Section 122 (b) (3) (B))

6.6 The State of Texas assures that funds paid to the State under Section 125 will be used to supplement and to increase the level of funds that would otherwise be made available for the purposes for which Federal funds are provided and not to supplant such non-Federal funds. (Section 122 (b) (3) (D))

6.7 The State of Texas assures that there will be reasonable State financial participation in the cost of carrying out the State Plan. (Section 122 (b) (3) (E))

6.8 The State of Texas assures that services furnished, and the facilities in which they are furnished, under the plan for persons with developmental disabilities will be in accordance with standards prescribed by the Secretary in regulations. (Section 122 (b) (5) (A) (i)) (This assurance is not operational until standards are published.)

6.9 The State of Texas assures that buildings used in connection with the delivery of services assisted under the plan will meet standards adopted pursuant to the Architectural Barriers Act of 1968. (Section 122 (b) (5) (A) (ii))

6.10 The State of Texas assures that services assisted under the plan are provided in an individualized manner consistent with the requirements of Section 123 (relating to habilitation plans). (Section 122 (b) (5) (B))

6.11 The State of Texas assures that the human rights of all persons with developmental disabilities who are receiving treatment, services, or habilitation under programs assisted under this title will be protected consistently with Section 110 (relating to the rights of persons with developmental disabilities). (Section 122 (b) (5) (C))

6.12 The State of Texas assures that special financial and technical assistance shall be given to agencies or entities providing services for persons with developmental disabilities who are residents of geographical areas designated as urban or rural poverty areas. (Section 122 (b) (4) (F))

6.13 The State of Texas assures that it has undertaken affirmative steps to assure the participation in programs under this title of individuals generally representative of the population of the State, with particular attention to the participation of members of minority groups. (Section 122 (b) (5) (D))

6.14 The State of Texas assures that there has been provision for the maximum utilization of available community resources, including volunteers. (Section 122 (b) (6) (A))

6.15 The State of Texas assures that the composition of the State Planning Council meets the requirements of Section 124. (Section 122 (b) (1) (A))

6.16 The State of Texas assures that it will take affirmative action to employ and advance in employment qualified handicapped individuals on the same terms and conditions required with respect to the employment of such individuals by the provisions of the Rehabilitation Act of 1973. (Section 109)

6.17 The State of Texas assures that it will use program-related income in accordance with applicable Department of Health and Human Services regulations under Title 45 CFR, Part 74.42 (d) and (e), or a combination of both, and Administration on Developmental Disabilities Information Memorandum 85-4. We in turn will approve similar requests from DD program sub-recipients and will monitor reports relative to their expenditures for those alternatives.

SECTION 7: APPENDICES

APPENDIX 1

PUBLIC LAW 98-527

PUBLIC LAW 98-527

THE DEVELOPMENTAL DISABILITIES ACT OF 1984

- Conference Report No. 98-1074

- Joint Explanatory Statement of the Conference Committee

JIM JEFFORDS,
TOM COLEMAN,
TOM PETRI,
MARGE ROUKEMA,
STEVE GUNDERSON,
RON PACKARD,
Managers on the Part of the House.
ORRIN G. HATCH,
ROBERT T. STAFFORD,
DAN QUAYLE,
JEREMIAH DENTON,
LOWELL P. WEICKER, JR.,
JOHN P. EAST,
CLAIBORNE PELL,
EDWARD M. KENNEDY,
JENNINGS RANDOLPH,
TOM EAGLETON,
CHRIS DODD,
Managers on the Part of the Senate.

CONFERENCE REPORT ON H.R. 5603, DEVELOPMENTAL DISABILITIES ACT OF 1984

Mr. WAXMAN submitted the following conference report and statement on the bill (H.R. 5603) to amend the Public Health Service Act to revise and extend the authorities of that act for assistance for alcohol and drug abuse and mental health services and to revise and extend the Developmental Disabilities Assistance and Bill of Rights Act:

CONFERENCE REPORT (H. REPT. NO. 98-1074)

The committee of conference on the disagreeing votes of the two Houses on the amendments of the Senate to the bill (H.R. 5603) to amend the Public Health Service Act to revise and extend the authorities of that Act for assistance for alcohol and drug abuse and mental health services and to revise and extend the Developmental Disabilities Assistance and Bill of Rights Act, having met, after full and free conference, have agreed to recommend and do recommend to their respective Houses as follows:

That the House recede from its disagreement to the amendment of the Senate to the text of the bill and agree to the same with an amendment as follows:

In lieu of the matter proposed to be inserted by the Senate amendment insert the following:

That this Act may be cited as the "Developmental Disabilities Act of 1984".

SEC. 2. Title I of the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 is amended to read as follows:

"TITLE I—PROGRAMS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

"PART A—GENERAL PROVISIONS

"SHORT TITLE

"SEC. 100. This title may be cited as the 'Developmental Disabilities Assistance and Bill of Rights Act'.

"FINDINGS AND PURPOSES

"SEC. 101. (a) The Congress finds that—

"(1) there are more than two million persons with developmental disabilities in the United States;

"(2) individuals with disabilities occurring during their developmental period are more vulnerable and less able to reach an independent level of existence than other handicapped individuals who generally have had a normal developmental period on which to draw during the rehabilitation process;

"(3) persons with developmental disabilities often require specialized lifelong services to be provided by many agencies in a coordinated manner in order to meet the persons' needs;

"(4) generic service agencies and agencies providing specialized services to disabled persons tend to overlook or exclude persons with developmental disabilities in their planning and delivery of services; and

"(5) it is in the national interest to strengthen specific programs, especially programs that reduce or eliminate the need for institutional care, to meet the needs of persons with developmental disabilities.

"(b)(1) It is the overall purpose of this title to assist States to (A) assure that persons with developmental disabilities receive the care, treatment, and other services necessary to enable them to achieve their maximum potential through increased independence, productivity, and integration into the community, and (B) establish and operate a system which coordinates, monitors, plans, and evaluates services which ensures the protection of the legal and human rights of persons with developmental disabilities.

"(2) The specific purposes of this title are—

"(A) to assist in the provision of comprehensive services to persons with developmental disabilities, with priority to those persons whose needs are not otherwise met under the Rehabilitation Act of 1973 or other health, education, or welfare programs;

"(B) to assist States in appropriate planning activities;

"(C) to make grants to States and public and private, nonprofit agencies to establish model programs, to demonstrate innovative habilitation techniques, and to train professional and paraprofessional personnel with respect to providing services to persons with developmental disabilities;

"(D) to make grants to university affiliated facilities to assist them in administering and operating demonstration facilities for the provision of services to persons with developmental disabilities and interdisciplinary training programs for personnel needed to provide specialized services for these persons; and

"(E) to make grants to support a system in each State to protect the legal and human rights of all persons with developmental disabilities.

"DEFINITIONS

"SEC. 102. For purposes of this title:

"(1) The term 'State' includes Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, American Samoa, the Virgin Islands, the Trust Territory of the Pacific Islands, and the District of Columbia.

"(2) The term 'facility for persons with developmental disabilities' means a facility, or a specified portion of a facility, designed primarily for the delivery of one or more services to persons with one or more developmental disabilities.

"(3) The terms 'nonprofit facility for persons with developmental disabilities' and 'nonprofit private institution of higher learning' mean, respectively, a facility for persons with developmental disabilities and an institution of higher learning which are owned and operated by one or more nonprofit corporations or associations no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual. The term 'nonprofit private agency or organization' means an agency or organization which is such a corporation or association or which is owned and operated by one or more of such corporations or associations.

"(4) The term 'construction' includes construction of new buildings, acquisition, expansion, remodeling, and alteration of existing buildings, and initial equipment of any such buildings (including medical, transportation, and recreation facilities), including architect's fees, but excluding the cost of offsite improvements and the cost of the acquisition of land.

"(5) The term 'cost of construction' means the amount found by the Secretary to be necessary for the construction of a project.

"(6) The term 'title', when used with reference to a site for a project, means a fee simple, or such other estate or interest (including a leasehold on which the rental does not exceed 4 per centum of the value of the land) as the Secretary finds sufficient to assure for a period of not less than fifty years undisturbed use and possession for the purposes of construction and operation of the project.

"(7) The term 'developmental disability' means a severe, chronic disability of a person which—

"(A) is attributable to a mental or physical impairment or combination of mental and physical impairments;

"(B) is manifested before the person attains age twenty-two;

"(C) is likely to continue indefinitely;

"(D) results in substantial functional limitations in three or more of the following areas of major life activity: (i) self-care, (ii) receptive and expressive language, (iii) learning, (iv) mobility, (v) self-direction, (vi) capacity for independent living, and (vii) economic self-sufficiency; and

"(E) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

"(8) The term 'independence' means the extent to which persons with developmental disabilities exert control and choice over their own lives.

"(9) The term 'productivity' means—

"(A) engagement in income-producing work by a person with developmental disabilities which is measured through improvements in income level, employment status, or job advancement, or

"(B) engagement by a person with developmental disabilities in work which contributes to a household or community.

"(10) The term 'integration' means—

"(A) the—

"(i) use by persons with developmental disabilities of the same community resources that are used by and available to other citizens, and

"(ii) participation by persons with developmental disabilities in the same community activities in which nonhandicapped citizens participate,

together with regular contact with nonhandicapped citizens, and

"(B) the residence by persons with developmental disabilities in homes or in homelike settings which are in proximity to community resources, together with regular contact with nonhandicapped citizens in their communities.

"(11)(A) The term 'services for persons with developmental disabilities' means—

"(i) priority services; and

"(ii) any other specialized services or special adaptations of generic services for persons with developmental disabilities, including diagnosis, evaluation, treatment, personal care, day care, domiciliary care, special living arrangements, training, education, sheltered employment, recreation and socialization, counseling of the person with such disability and the family of such person, protective and other social and sociolegal services, information and referral services, follow-along services, nonvocational social-developmental services, transportation services necessary to assure delivery of services to persons with developmen-

tal disabilities, and services to promote and coordinate activities to prevent developmental disabilities.

"(B) The term 'service activities' includes, with respect to a priority service or a service described in subparagraph (A)(ii)—

"(i) the provision of specialized services in the area which respond to unmet needs of persons with developmental disabilities;

"(ii) model service programs in the area;

"(iii) activities to increase the capacity of agencies to provide services in the area;

"(iv) the coordination of the provision of services in the area with the provision of other services;

"(v) outreach to individuals for the provision of services in the area;

"(vi) the training of personnel, including parents of persons with developmental disabilities, professionals, and volunteers, to provide services in the area; and

"(vii) similar activities designed to expand the use and availability of services in the area.

"(C) The term 'priority services' means alternative community living arrangement services, employment related activities, child development services, and case management services.

"(D) The term 'alternative community living arrangement services' means such services as will assist persons with developmental disabilities in developing or maintaining suitable residential arrangements in the community, including in-house services (such as personal aides and attendants and other domestic assistance and supportive services), family support services, foster care services, group living services, respite care, recreation and socialization services, and staff training, placement, and maintenance services.

"(E) The term 'employment related activities' means such services as will increase the independence, productivity, or integration of a person with developmental disabilities in work settings, including such services as employment preparation and vocational training leading to supported employment, incentive programs for employers who hire persons with developmental disabilities, services to assist transition from special education to employment, and services to assist transition from sheltered work settings to supported employment settings or competitive employment.

"(F) The term 'supported employment' means paid employment which—

"(i) is for persons with developmental disabilities for whom competitive employment at or above the minimum wage is unlikely and who, because of their disabilities, need intensive ongoing support to perform in a work setting;

"(ii) is conducted in a variety of settings, particularly worksites in which persons without disabilities are employed; and

"(iii) is supported by any activity needed to sustain paid work by persons with disabilities, including supervision, training, and transportation.

"(G) The term 'child development services' means such services as will assist in the prevention, identification, and alleviation of developmental disabilities in children, including early intervention services, counseling and training of parents, early identification of developmental disabilities, and diagnosis and evaluation of such developmental disabilities.

"(H) The term 'case management services' means such services to persons with developmental disabilities as will assist them in gaining access to needed social, medical, educational, and other services. Such term includes—

"(i) follow-along services which ensure, through a continuing relationship, lifelong if necessary, between an agency or provider and a person with a developmental disability and the person's immediate relatives or guardians, that the changing needs of the person and the family are recognized and appropriately met; and

"(ii) coordination services which provide to persons with developmental disabilities support, access to (and coordination of) other services, information on programs and services, and monitoring of the persons' progress.

"(12) The term 'satellite center' means a public or private nonprofit entity which—

"(A)(i) is affiliated with one or more university affiliated facilities;

"(ii) functions as a community or regional extension of such university affiliated facility or facilities in the delivery of services to persons with developmental disabilities and their families, who reside in geographical areas where adequate services are not otherwise available; and

"(iii) may engage in the activities described in subparagraph (A), (B), or (C) of paragraph (13); or

"(B) is affiliated with one or more university affiliated facilities and which provides for at least—

"(i) interdisciplinary training for personnel concerned with the provision of direct or indirect services to persons with developmental disabilities; and

"(ii) dissemination of findings relating to the provision of services to persons with developmental disabilities.

"(13) The term 'university affiliated facility' means a public or nonprofit facility which is associated with, or is an integral part of, a college or university and which provides for at least the following activities:

"(A) Interdisciplinary training for personnel concerned with developmental disabilities which is conducted at the facility and through outreach activities.

"(B) Demonstration of—

"(i) exemplary services relating to persons with developmental disabilities in settings which are integrated in the community; and

"(ii) technical assistance to generic and specialized agencies to provide services to increase the independence, productivity, and integration into the community of persons with developmental disabilities, such as the development and improvement of quality assurance mechanisms.

"(C)(i) Dissemination of findings relating to the provision of services under subparagraph (B) of this paragraph, and (ii) providing researchers and government agencies sponsoring service-related research with information on the needs for further service-related research which would provide data and information that will assist in increasing the independence, productivity, and integration into the community of persons with developmental disabilities.

"(14) The term 'Secretary' means the Secretary of Health and Human Services.

"(15) The term 'State Planning Council' means a State Planning Council established under section 124.

"FEDERAL SHARE

"SEC. 103. (a) The Federal share of all projects in a State supported by an allotment to the State under part B may not exceed 75 percent of the aggregate necessary costs of all such projects, as determined by the Secretary, except that in the case of projects located in urban or rural poverty areas, the Federal share of all such projects may not exceed 90 percent of the aggregate necessary costs of such projects, as determined by the Secretary.

"(b) The Federal share of any project to be provided through grants under part B may not exceed 75 percent of the necessary cost of such project, as determined by the Secretary, except that if the project is located in an urban or rural poverty area, the Federal share may not exceed 90 percent of the project's necessary costs as so determined.

"(c) The non-Federal share of the cost of any project assisted by a grant or allotment under this title may be provided in kind.

"(d) For the purpose of determining the Federal share with respect to any project, expenditures on that project by a political subdivision of a State or by a nonprofit private entity shall, subject to such limitations and conditions as the Secretary may by regulation prescribe, be deemed to be expenditures by such State in the case of a project under part B or by a university affiliated facility or a satellite center, as the case may be, in the case of a project assisted under part D.

"RECORDS AND AUDIT

"SEC. 104. (a) Each recipient of assistance under this title shall keep such records as the Secretary shall prescribe, including (1) records which fully disclose (A) the amount and disposition by such recipient of the proceeds of such assistance, (B) the total cost of the project or undertaking in connection with which such assistance is given or used, and (C) the amount of that portion of the cost of the project or undertaking supplied by other sources, and (2) such other records as will facilitate an effective audit.

"(b) The Secretary and the Comptroller General of the United States, or any of their duly authorized representatives, shall have access for the purpose of audit and examination to any books, documents, papers, and records of the recipients of assistance under this title that are pertinent to such assistance.

"RECOVERY

"SEC. 105. If any facility with respect to which funds have been paid under part B or D shall, at any time within twenty years after the completion of construction—

"(1) be sold or transferred to any person, agency, or organization which is not a public or nonprofit private entity, or

"(2) cease to be a public or other nonprofit facility for persons with developmental disabilities,

the United States shall be entitled to recover from either the transferor or the transferee (or, in the case of a facility which has ceased to be a public or other nonprofit facility for persons with developmental disabilities, from the owners thereof) an amount bearing the same ratio to the then value (as determined by the agreement of the parties or by action brought in the district court of the United States for the district in which the facility is situated) of so much of such facility as constituted an approved project or projects, as the amount of the Federal participation bore to the cost of the construction of such project or projects. Such right of recovery shall not constitute a lien upon such facility prior to judgment. The Secretary, in accordance with regulations prescribed by the Secretary, may, upon finding good cause therefor, release the applicant or other owner from the obligation to continue such facility as a public or other nonprofit facility for persons with developmental disabilities.

"STATE CONTROL OF OPERATIONS

"SEC. 106. Except as otherwise specifically provided, nothing in this title shall be construed as conferring on any Federal officer or employee the right to exercise any supervision or control over the administration, personnel, maintenance, or operation of any facility for persons with developmental disabilities with respect to which any funds have been or may be expended under this title.

"REPORTS

"SEC. 107. (a) By January 1 of each year, the State Planning Council of each State shall prepare and transmit to the Secretary a report concerning activities carried out during the preceding fiscal year with funds paid to the State under part B for such fiscal year. Each such report shall be in a form prescribed by the Secretary by regulation and shall contain—

"(1) a description of such activities and the accomplishments resulting from such activities;

"(2) a comparison of such accomplishments with the goals, objectives, and proposed activities specified by the State in the State plan submitted under section 122 for such fiscal year; and

"(3) an accounting of the manner in which funds paid to a State under part B for a fiscal year were expended.

"(b) By January 1 of each year, each protection and advocacy system established in a State pursuant to part C shall prepare and transmit to the Secretary a report which describes the activities, accomplishments, and expenditures of the system during the preceding fiscal year.

"(c)(1) By April 1 of each year the Secretary shall prepare and transmit to the President, the Congress, and the National Council on the Handicapped a report which describes—

"(A) the activities and accomplishments of programs supported under parts B, C, D, and E of this title; and

"(B) the progress made in States in improving the independence, productivity, and integration into the community of persons with developmental disabilities and any activities or services needed to improve such independence, productivity, and integration.

"(2) In preparing the report required by this subsection, the Secretary shall use and include information submitted to the Secretary in the reports required under subsections (a) and (b) of this section.

"RESPONSIBILITIES OF THE SECRETARY

"SEC. 108. (a) The Secretary, not later than 180 days after the date of enactment of any Act amending the provisions of this title, shall promulgate such regulations as may be required for the implementation of such amendments.

"(b) Within 90 days after the date of enactment of the Developmental Disabilities Act of 1984, the Secretary of Health and Human Services and the Secretary of Education shall establish an interagency committee composed of representatives of the Administration for Developmental Disabilities of the Department of Health and Human Services, the Office of Special Education and Rehabilitative Services of the Department of Education, the Department of Labor, and such other Federal departments and agencies as the Secretary of Health and Human Services and the Secretary of Education consider appropriate. Such interagency committee shall meet regularly to coordinate and plan activities conducted by Federal departments and agencies for persons with developmental disabilities.

"EMPLOYMENT OF HANDICAPPED INDIVIDUALS

"SEC. 109. As a condition of providing assistance under this title, the Secretary shall require that each recipient of such assistance take affirmative action to employ and advance in employment qualified handicapped individuals on the same terms and conditions required with respect to the employment of such individuals by the provisions of the Rehabilitation Act of 1973 which govern employment (1) by State rehabilitation agencies and rehabilitation facilities, and (2) under Federal contracts and subcontracts.

"RIGHTS OF THE DEVELOPMENTALLY DISABLED

"SEC. 110. Congress makes the following findings respecting the rights of persons with developmental disabilities:

"(1) Persons with developmental disabilities have a right to appropriate treatment, services, and habilitation for such disabilities.

"(2) The treatment, services, and habilitation for a person with developmental disabilities should be designed to maximize the developmental potential of the person and should be provided in the setting that is least restrictive of the person's personal liberty.

"(3) The Federal Government and the States both have an obligation to assure that public funds are not provided to any institutional or other residential program for persons with developmental disabilities that—

"(A) does not provide treatment, services, and habilitation which is appropriate to the needs of such persons; or

"(B) does not meet the following minimum standards:

"(i) Provision of a nourishing, well-balanced daily diet to the persons with developmental disabilities being served by the program.

"(ii) Provision to such persons of appropriate and sufficient medical and dental services.

"(iii) Prohibition of the use of physical restraint on such persons unless absolutely necessary and prohibition of the use of such restraint as a punishment or as a substitute for a habilitation program.

"(iv) Prohibition on the excessive use of chemical restraints on such persons and the use of such restraints as punishment or as a substitute for a habilitation program or in quantities that interfere with services, treatment, or habilitation for such persons.

"(v) Permission for close relatives of such persons to visit them at reasonable hours without prior notice.

"(vi) Compliance with adequate fire and safety standards as may be promulgated by the Secretary.

"(4) All programs for persons with developmental disabilities should meet standards which are designed to assure the most favorable possible outcome for those served, and—

"(A) in the case of residential programs serving persons in need of comprehensive health-related, habilitative, or rehabilitative services, which are at least equivalent to those standards applicable to intermediate care facilities for the mentally retarded promulgated in regulations of the Secretary on January 17, 1974 (39 Fed. Reg. pt. II), as appropriate when taking into account the size of the institutions and the service delivery arrangements of the facilities of the programs;

"(B) in the case of other residential programs for persons with developmental disabilities, which assure that care is appropriate to the needs of the persons being served by such programs, assure that the persons admitted to facilities of such programs are persons whose needs can be met through services provided by such facilities, and assure that the facilities under such programs provide for the humane care of the residents of the facilities, are sanitary, and protect their rights; and

"(C) in the case of nonresidential programs, which assure the care provided by such programs is appropriate to the persons served by the programs.

The rights of persons with developmental disabilities described in findings made in this section are in addition to any constitutional or other rights otherwise afforded to all persons.

"PART B—FEDERAL ASSISTANCE FOR PLANNING AND SERVICE ACTIVITIES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

"PURPOSE

"SEC. 121. The purpose of this part is to provide payments to States to plan for, and to conduct, activities which will increase and support the independence, productivity, and integration into the community of persons with developmental disabilities.

"STATE PLANS

"SEC. 122. (a) Any State desiring to take advantage of this part must have a State plan submitted to and approved by the Secretary under this section.

"(b) In order to be approved by the Secretary under this section, a State plan for the provision of services for persons with developmental disabilities must meet the following requirements:

"(1)(A) The plan must provide for the establishment of a State Planning Council, in accordance with section 124, for the assignment to the Council of personnel in such numbers and with such qualifications as the Secretary determines to be adequate to enable the Council to carry out its duties under this title, and for the identification of the personnel so assigned.

"(B) The plan must designate the State agency or agencies which shall administer or supervise the administration of the State plan and, if there is more than one such agency, the portion of such plan which each will administer (or the portion the administration of which each will supervise).

"(C) The plan must provide that each State agency designated under subparagraph (B) will keep such records and afford such access thereto as the Secretary or the State Planning Council finds necessary.

"(D) The plan must provide for such fiscal control and fund accounting procedures as may be necessary to assure the proper disbursement of and accounting for funds paid to the State under this part.

"(2) The plan must—

"(A) set out the specific objectives to be achieved under the plan and a listing of the programs and resources to be used to meet such objectives;

"(B) set forth the non-Federal share that will be required in carrying out each such objective and program;

"(C) describe (and provide for the review annually and revision of the description not less often than once every three years) (i) the extent and scope of services being provided, or to be provided, to persons with developmental disabilities under such other State plans for federally assisted State programs as the State conducts relating to education for the handicapped, vocational rehabilitation, public assistance, medical assistance, social services, maternal and child health, crippled children's services, and comprehensive health and mental health, and under such other plans as the Secretary may specify, and (ii) how funds allotted to the State in accordance with section 125 will be used to complement and augment rather than duplicate or replace services for persons with developmental disabilities who are eligible for Federal assistance under such other State programs;

"(D) for each fiscal year, assess and describe the extent and scope of the priority services being or to be provided under the plan in the fiscal year; and

"(E) establish a method for the periodic evaluation of the plan's effectiveness in meeting the objectives described in subparagraph (A).

"(3) The plan must contain or be supported by assurances satisfactory to the Secretary that—

"(A) the funds paid to the State under section 125 will be used to make a significant contribution toward strengthening services for persons with developmental disabilities through agencies in the various political subdivisions of the State;

"(B) part of such funds will be made available by the State to public or nonprofit private entities;

"(C) not more than 25 percent of such funds will be allocated to the agency or agencies designated under section 122(b)(1)(B) for the provision of services by such agency or agencies;

"(D) such funds paid to the State under section 125 will be used to supplement and to increase the level of funds that would otherwise be made available for the purposes for which Federal funds are provided and not to supplant such non-Federal funds; and

"(E) there will be reasonable State financial participation in the cost of carrying out the State plan.

"(4)(A) The plan must provide for the examination not less often than once every three years of the provision, and the need for the provision, in the State of the four priority services.

"(B) The plan must provide for the development, not later than the second year in which funds are provided under the plan after the date of the enactment of the Developmental Disabilities Act of 1984, and the timely review and revision of, a comprehensive statewide plan to plan, financially support, coordinate, and otherwise better address, on a statewide and comprehensive basis, unmet needs in the State for the provision of services for persons with developmental disabilities as follows:

"(i)(I) Except as provided in subclause (II), the plan shall provide for the provision of at least one but not more than two priority services.

"(II) In fiscal year 1987, the plan may provide for the provision of three priority services.

"(ii) For any fiscal year after fiscal year 1986 for which the total appropriations under section 130 are at least $50,250,000, the plan shall provide for the provision of employment related activities among the priority services to be provided under the plan.

"(iii) At the option of the State, the plan may provide for the provision of one or more additional services for persons with developmental disabilities from the services described in section 102(11)(A)(i).

"(C) Notwithstanding the requirements of subparagraph (B), upon the application of a State, the Secretary, pursuant to regulations which the Secretary shall prescribe, may permit the portion of the funds which must otherwise be expended under the State plan for service activities in a limited number of services to be expended for service activities in additional services if the Secretary determines that the expenditures of the State on service activities in the initially specified services has reasonably met the need for those services in the State in comparison to the extent to which the need for such additional services has been met in such State. Such additional areas shall, to the maximum extent feasible, be areas within the priority services.

"(D) The plan must be developed after consideration of the data collected by the State education agency under section 618(b)(3) of the Education of the Handicapped Act.

"(E)(i) The plan must provide that not less than 65 percent of the amount available to the State under section 125 will be expended for service activities in the priority services.

"(ii) The plan must provide that the remainder of the amount available to the State from allotments under section 125 (after making the expenditures required by clause (i) of this paragraph) shall be used for service activities for persons with developmental disabilities, and the planning, coordination, and administration of, and the advocacy for, the provision of such services.

"(F) The plan must provide that special financial and technical assistance shall be given to agencies or entities providing services for persons with developmental disabilities who are residents of geographical areas designated as urban or rural poverty areas.

"(5)(A)(i) The plan must provide that services furnished, and the facilities in which they are furnished, under the plan for persons with developmental disabilities will be in accordance with standards prescribed by the Secretary in regulations.

"(ii) The plan must provide satisfactory assurances that buildings used in connection with the delivery of services assisted under the plan will meet standards adopted pursuant to the Act of August 12, 1968 (known as the Architectural Barriers Act of 1968).

"(B) The plan must provide that services are provided in an individualized manner consistent with the requirements of section 123 (relating to habilitation plans).

"(C) The plan must contain or be supported by assurances satisfactory to the Secretary that the human rights of all persons with developmental disabilities (especially those persons without familial protection) who are receiving treatment, services, or habilitation under programs assisted under this part will be protected consistent with section 118 (relating to rights of the developmentally disabled).

"(D) The plan must provide assurances that the State has undertaken affirmative steps to assure the participation in programs under this title of individuals generally representative of the population of the State, with particular attention to the participation of members of minority groups.

"(E) The plan must provide assurances that the State will provide the State Planning Council with a copy of each annual survey report and plan of corrections for cited deficiencies prepared pursuant to section 1902(a)(31)(B) of the Social Security Act with respect to any intermediate care facility for the mentally retarded in such State within 30 days after the completion of each such report or plan.

"(6)(A) The plan must provide for the maximum utilization of all available community resources including volunteers serving under the Domestic Volunteer Service Act of 1973 and other appropriate voluntary organizations, except that such volunteer services shall supplement, and shall not be in lieu of, services of paid employees.

"(B) The plan must provide for fair and equitable arrangements (as determined by the Secretary after consultation with the Secretary of Labor) to protect the interests of employees affected by actions under the plan to provide alternative community living arrangement services, including arrangements designed to preserve employee rights and benefits and to provide training and retraining of such employees where necessary and arrangements under which maximum efforts will be made to guarantee the employment of such employees.

"(7) The plan also must contain such additional information and assurances as the Secretary may find necessary to carry out the provisions and purposes of this part.

"(c) The Secretary shall approve any State plan and any modification thereof which complies with the provisions of subsection (b). The Secretary shall not finally disapprove a State plan except after reasonable notice and opportunity for a hearing to the State.

"(d)(1) At the request of any State, a portion of any allotment or allotments of such State under this part for any fiscal year shall be available to pay one-half (or such smaller share as the State may request) of the expenditures found necessary by the Secretary for the proper and efficient administration of the State plan approved under this section; except that not more than 5 per centum of the total of the allotments of such State for any fiscal year, or $50,000, whichever is less, shall be available for the total expenditures for such purpose by all of the State agencies designated under subsection (b)(1)(B) for the administration or supervision of the administration of the State plan. Payments under this paragraph may be made in advance or by way of reimbursement, and in such installments, as the Secretary may determine.

"(2) Any amount paid under paragraph (1) to any State for any fiscal year shall be paid on condition that there shall be expended from the State sources for such year for administration of the State plan approved under this section not less than the total amount expended for such purposes from such sources during the previous fiscal year.

"HABILITATION PLANS

"SEC. 123. (a) The Secretary shall require as a condition to a State's receiving an allotment under this part that the State provide the Secretary satisfactory assurances that each program (including programs of any agency, facility, or project) which receives funds from the State's allotment under this part (1) has in effect for each developmentally disabled person who receives services from or under the program a habilitation plan meeting the requirements of subsection (b), and (2) provides for an annual review, in accordance with subsection (c), of each such plan.

"(b) A habilitation plan for a person with developmental disabilities shall meet the following requirements:

"(1) The plan shall be in writing.

"(2) The plan shall be developed jointly by (A) a representative or representatives of the program primarily responsible for delivering or coordinating the delivery of services to the person for whom the plan is established, (B) such person, and (C) where appropriate, such person's parents or guardian or other representative.

"(3) The plan shall contain a statement of the long-term habilitation goals for the person and the intermediate habilitation objectives relating to the attainments of such goals. Such goals should include the increase or support of independence, productivity, and integration into the community for the person. Such objectives shall be stated specifically and in sequence and shall be expressed in behavioral or other terms that provide measurable indices of progress. The plan shall (A) describe how the objectives will be achieved and the barriers that might interfere with the achievement of them, (B) state an objective criteria and an evaluation procedure and schedule for determining whether such objectives and goals are being achieved, and (C) provide for a program coordinator who will be responsible for the implementation of the plan.

"(4) The plan shall contain a statement (in readily understandable form) of specific habilitation services to be provided, shall identify each agency which will deliver such services, shall describe the personnel (and their qualifications) necessary for the provision of such services, and shall specify the date of the initiation of each service to be provided and the anticipated duration of each such service.

"(5) The plan shall specify the role and objectives of all parties to the implementation of the plan.

"(c) Each habilitation plan shall be reviewed at least annually by the agency primarily responsible for the delivery of services to the person for whom the plan was established or responsible for the coordination of the delivery of services to such person. In the course of the review, such person and the person's parents or guardian or other representative shall be given an opportunity to review such plan and to participate in its revision.

"STATE PLANNING COUNCILS

"SEC. 124. (a)(1) Each State which receives assistance under this part shall establish a State Planning Council which will serve as an advocate for persons with developmental disabilities. The members of the State Planning Council of a State shall be appointed by the Governor of the State from among the residents of that State. The Governor of each State shall make appropriate provisions for the rotation of membership on the Council of that State. Each State Planning Council shall at all times include in its membership representatives of the principal State agencies (including the State agency that administers funds provided under the Rehabilitation Act of 1973, the State agency that administers funds provided under the Education of the Handicapped Act, and the State agency that administers funds provided under title XIX of the Social Security Act for persons with developmental disabilities), higher education training facilities, each university affiliated facility or satellite center in the State, the State protection and advocacy system established under section 142, local agencies, and nongovernmental agencies and private nonprofit groups concerned with services to persons with developmental disabilities in that State.

"(2) At least one-half of the membership of each such Council shall consist of persons who—

"(A) are persons with developmental disabilities or parents or guardians of such persons, or

"(B) are immediate relatives or guardians of persons with mentally impairing developmental disabilities,

who are not employees of a State agency which receives funds or provides services under this part, who are not managing employees (as defined in section 1126(b) of the Social Security Act) of any other entity which receives funds or provides services under this part, and who are not persons with an ownership or control interest (within the meaning of section 1124(a)(3) of the Social Security Act) with respect to such an entity.

"(3) Of the members of the Council described in paragraph (2)—

"(A) at least one-third shall be persons with developmental disabilities, and

"(B)(i) at least one-third shall be individuals described in subparagraph (B) of paragraph (2), and (ii) at least one of such individuals shall be an immediate relative or guardian of an institutionalized person with a developmental disability.

"(b) Each State Planning Council shall—

"(1) develop jointly with the State agency or agencies designated under section 122(b)(1)(B) the State plan required by this part, including the specification of services under section 122(b)(4)(B);

"(2) monitor, review, and evaluate, not less often than annually, the implementation of such State plan;

"(3) to the maximum extent feasible, review and comment on all State plans in the State which relate to programs affecting persons with developmental disabilities; and

"(4) submit to the Secretary, through the Governor, such periodic reports on its activities as the Secretary may reasonably request, and keep such records and afford such access thereto as the Secretary finds necessary to verify such reports.

"STATE ALLOTMENTS

"SEC. 125. (a)(1) For each fiscal year, the Secretary shall, in accordance with regulations and this paragraph, allot the sums appropriated for such year under section 130 among the States on the basis of—

"(A) the population,

"(B) the extent of need for services for persons with developmental disabilities, and

"(C) the financial need,

of the respective States. Sums allotted to the States under this section shall be used in accordance with approved State plans under section 122 for the provision under such plans of services for persons with developmental disabilities.

"(2) Adjustments in the amounts of State allotments based on subparagraphs (A), (B), and (C) of paragraph (1) may be made not more often than annually. The Secretary shall notify States of any adjustment made not less than six months before the beginning of the fiscal year in which such adjustment is to take effect.

"(3)(A) Except as provided in paragraph (4), for any fiscal year the allotment under paragraph (1)—

"(i) to each of American Samoa, Guam, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, or the Trust Territory of the Pacific Islands may not be less than $100,000, and

"(ii) to any other State may not be less than the greater of $250,000, or the amount of the allotment (determined without regard to subsection (d)) received by the State for the fiscal year ending September 30, 1984.

"(B) Notwithstanding subparagraph (A), if the aggregate of the amounts to be allotted to each State pursuant to subparagraph (A) in any fiscal year exceeds the total amount appropriated under section 130 for such fiscal year, the amount to be allotted to a State for such fiscal year shall be an amount which bears the same ratio to the amount which is to be allotted to the State pursuant to such subparagraph as the total amount appropriated under section 130 for such fiscal year bears to the total of the amount required to be appropriated under such section for allotments to provide each State with the allotment required by such subparagraph.

"(4) In any case in which amounts appropriated under section 130 for a fiscal year exceed $47,000,000, the allotment under paragraph (1) for such fiscal year—

"(A) to each of American Samoa, Guam, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, or the Trust Territory of the Pacific Islands may not be less than $160,000; and

"(B) to each of the several States, Puerto Rico, or the District of Columbia, may not be less than $300,000.

"(5) In determining, for purposes of paragraph (1)(B), the extent of need in any State for services for persons with developmental disabilities, the Secretary shall take into account the scope and extent of the services described, pursuant to section 122(b)(2)(C), in the State plan of the State.

"(b) Whenever the State plan approved in accordance with section 122 provides for participation of more than one State agency in administering or supervising the administration of designated portions of the State plan, the State may apportion its allotment among such agencies in a manner which, to the satisfaction of the Secretary, is reasonably related to the responsibilities assigned to such agencies in carrying out the purposes of the State plan. Funds so apportioned to State agencies may be combined with other State or Federal funds authorized to be spent for other purposes, provided the purposes of the State plan will receive proportionate benefit from the combination.

"(c) Whenever the State plan approved in accordance with section 122 provides for cooperative or joint effort between States or between or among agencies, public or private, in more than one State, portions of funds allotted to one or more such cooperating States may be combined in accordance with the agreements between the agencies involved.

"(d) The amount of an allotment to a State for a fiscal year which the Secretary determines will not be required by the State during the period for which it is available for the purpose for which allotted shall be available for reallotment by the Secretary from time to time, on such date or dates as the Secretary may fix (but not earlier than thirty days after the Secretary has published notice of the intention of the Secretary to make such reallotment in the Federal Register), to other States with respect to which such a determination has not been made, in proportion to the original allotments of such States for such fiscal year, but with such proportionate amount for any of such other States being reduced to the extent it exceeds the sum the Secretary estimates such State needs and will be able to use during such period; and the total of such reductions shall be similarly reallotted among the States whose proportionate amounts were not so reduced. Any amount so reallotted to a State for a fiscal year shall be deemed to be a part of its allotment under subsection (a) for such fiscal year.

"PAYMENTS TO THE STATES FOR PLANNING, ADMINISTRATION AND SERVICES

"SEC. 126. From each State's allotments for a fiscal year under section 125, the State shall be paid the Federal share of the expenditures, other than expenditures for construction, incurred during such year under its State plan approved under this part. Such payments shall be made from time to time in advance on the basis of estimates by the Secretary of the sums the State will expend under the State plan, except that such adjustments as may be necessary shall be made on account of previously made underpayments or overpayments under this section.

"WITHHOLDING OF PAYMENTS FOR PLANNING, ADMINISTRATION AND SERVICES

"SEC. 127. Whenever the Secretary, after reasonable notice and opportunity for hearing to the State Planning Council and the appropriate State agency designated pursuant to section 122(b)(1) finds that—

"(1) there is a failure to comply substantially with any of the provisions required by section 122 to be included in the State plan; or

"(2) there is a failure to comply substantially with any regulations of the Secretary which are applicable to this part,

the Secretary shall notify such State Council and agency or agencies that further payments will not be made to the State under section 125 (or, in the discretion of the Secretary, that further payments will not be made to the State under section 125 for activities in which there is such failure), until the Secretary is satisfied that there will no longer be such failure. Until the Secretary is so satisfied, the Secretary shall make no further payment to the State under section 125, or shall limit further payment under section 125 to such State to activities in which there is no such failure.

"NONDUPLICATION

"SEC. 128. In determining the amount of any State's Federal share of the expenditures incurred by it under a State plan approved under section 122, there shall be disregarded (1) any portion of such expenditures which are financed by Federal funds provided under any provision of law other than section 125, and (2) the amount of any non-Federal funds required to be expended as a condition of receipt of such Federal funds.

"APPEALS BY STATES

"SEC. 129. If any State is dissatisfied with the Secretary's action under section 122(c) or section 127, such State may appeal to the United States court of appeals for the circuit in which such State is located, by filing a petition with such court within sixty days after such action. A copy of the petition shall be forthwith transmitted by the clerk of the court to the Secretary, or any officer designated by the Secretary for that purpose. The Secretary thereupon shall file in the court the record of the proceedings on which the Secretary based the action, as provided in section 2112 of title 28, United States Code. Upon the filing of such petition, the court shall have jurisdiction to affirm the action of the Secretary or to set it aside, in whole or in part, temporarily or permanently, but until the filing of the record, the Secretary may modify or set aside the order of the Secretary. The findings of the Secretary as to the facts, if supported by substantial evidence, shall be conclusive, but the court, for good cause shown, may remand the case to the Secretary to take further evidence, and the Secretary may thereupon make new or modified findings of the fact and may modify the previous action of the Secretary, and shall file in the court the record of the further proceedings. Such new or modified findings of fact shall likewise be conclusive if supported by substantial evidence. The judgment of the court affirming or setting aside, in whole or in part, any action of the Secretary shall be final, subject to review by the Supreme Court of the United States upon certiorari or certification as provided in section 1254 of title 28, United States Code. The commencement of proceedings under this section shall not, unless so specifically ordered by the court, operate as a stay of the Secretary's action.

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 130. For allotments under section 125, there are authorized to be appropriated $50,250,000 for fiscal year 1985, $53,400,000 for fiscal year 1986, and $56,500,000 for fiscal year 1987.

"PART C—PROTECTION AND ADVOCACY OF INDIVIDUAL RIGHTS

"PURPOSE

"SEC. 141. It is the purpose of this part to provide for allotments to support a system in each State to protect the legal and human rights of persons with developmental disabilities in accordance with section 142.

"SYSTEM REQUIRED

"SEC. 142. (a) In order for a State to receive an allotment under part B—

"(1) the State must have in effect a system to protect and advocate the rights of persons with developmental disabilities;

"(2) such system must—

"(A) have the authority to pursue legal, administrative, and other appropriate remedies to ensure the protection of the rights of such persons who are receiving treatment, services, or habilitation within the State and to provide information on and referral to programs and services addressing the needs of persons with developmental disabilities;

"(B) not be administered by the State Planning Council;

"(C) be independent of any agency which provides treatment, services, or habilitation to persons with developmental disabilities; and

"(D) except as provided in subsection (b), be able to obtain access to the records of a person with developmental disabilities who resides in a facility for persons with developmental disabilities if—

"(i) a complaint has been received by the system from or on behalf of such person; and

"(ii) such person does not have a legal guardian or the State or the designee of the State is the legal guardian of such person;

"(3) the State must provide assurances to the Secretary that funds allotted to the State under this section will be used to supplement and increase the level of funds that would otherwise be made available for the purposes for which Federal funds are provided and not to supplant such non-Federal funds;

"(4) the State must provide assurances to the Secretary that such system will be provided with a copy of each annual survey report and plan of corrections for cited deficiencies made pursuant to section 1902(a)(31)(B) of the Social Security Act with respect to any intermediate care facility for the mentally retarded in the State within 30 days after the completion of each such report or plan; and

"(5) the State must provide assurances satisfactory to the Secretary that the agency implementing the system will not be redesignated unless there is good cause for the redesignation and unless notice has been given of the intention to make such redesignation to persons with developmental disabilities or their representatives.

"(b) Prior to October 1, 1986, the provisions of paragraph (2)(D) of subsection (a) shall not apply to any State in which the laws of the State prohibit the system required under such subsection from obtaining access to the records of a person with developmental disabilities under the conditions described in such paragraph.

"(c)(1) To assist States in meeting the requirements of subsection (a), the Secretary shall allot to the States the amounts appropriated under section 143. Allotments and reallotments of such sums shall be made on the same basis as the allotments and reallotments are made under the first sentence of subsection (a)(1) and subsection (d) of section 125, except that in any case in which—

"(A) the total amount appropriated under section 143 for a fiscal year is at least $11,000,000—

"(i) the allotment of each of American Samoa, Guam, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, and the Trust Territory of the Pacific Islands for such fiscal year shall not be less than $80,000; and

"(ii) the allotment to each of the several States, Puerto Rico, and the District of Columbia for such fiscal year shall not be less than $150,000; or

"(B) the total amount appropriated under section 143 for a fiscal year is less than $11,000,000, the allotment to each State (other than Guam, the Commonwealth of the Northern Mariana Islands, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands) shall not be less than $50,000.

"(2) A State may use not more than 5 percent of any allotment under this subsection for the costs of monitoring the administration of the system required under subsection (a).

"(3) Notwithstanding paragraph (1), if the aggregate of the amounts of the allotments to be made in accordance with such paragraph for any fiscal year exceeds the total of the amounts appropriated for such allotments under section 143, the amount of a State's allotment for such fiscal year shall bear the same ratio to the amount otherwise determined under such paragraph as the total of the amounts appropriated for that year under section 143 bears to the aggregate amount required to make an allotment to each of the States in accordance with paragraph (1).

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 143. For allotments under section 142, there are authorized to be appropriated $13,750,000 for fiscal year 1985, $14,600,000 for fiscal year 1986, and $15,500,000 for fiscal year 1987. The provisions of section 1913 of title 18, United States Code, shall be applicable to all moneys authorized under the provisions of this section.

"PART D—UNIVERSITY AFFILIATED FACILITIES

"PURPOSE

"SEC. 151. The purpose of this part is to provide for grants to university affiliated facilities to assist in the provision of interdisciplinary training, the conduct of service demonstration programs, and the dissemination of information which will increase and support the independence, productivity, and integration into the community of persons with developmental disabilities.

"GRANT AUTHORITY

"SEC. 152. (a) From appropriations under section 154, the Secretary shall make grants to university affiliated facilities to assist in the administration and operation of the activities described in section 102(13).

"(b) The Secretary may make one or more grants to a university affiliated facility receiving a grant under subsection (a) to support one or more of the following activities:

"(1) Conducting—

"(A) a study of the feasibility of establishing a university affiliated facility or a satellite center in an area not served by a university affiliated facility, including an assessment of the needs of the area for such a facility or center; or

"(B) a study of the ways in which such university affiliated facility, singly or jointly with other university affiliated facilities which have received a grant under subsection (a), can assist in establishing one or more satellite centers which would be located in areas not served by a university affiliated facility.

A study under subparagraph (A) or subparagraph (B) shall be carried out in consultation with the State Planning Council for the State in which the university affiliated facility conducting the study is located and the State Planning Council for the State in which the university affiliated facility or satellite center would be established.

"(2) Provision of service-related training to parents of persons with developmental disabilities, professionals, volunteers, or other personnel to enable such parents, professionals, volunteers, or personnel to provide services to increase or maintain the independence, productivity, and integration into the community of persons with developmental disabilities.

"(3) Conducting an applied research program designed to produce more efficient and effective methods (A) for the delivery of services to persons with developmental disabilities, and (B) for the training of professionals, paraprofessionals, and parents who provide these services.

The amount of a grant under paragraph (1) may not exceed $25,000.

"(c) The Secretary may make grants to pay part of the costs of establishing satellite centers and may make grants to satellite centers to pay part of their administration and operation costs. A satellite center which re-

ceives a grant under this section may engage in the activities described in subparagraph (A), (B), or (C) of section 102(13).

"(d)(1) The Secretary may not make a grant under subsection (c) for the fiscal year ending on September 30, 1985, to a satellite center which has not received a grant under such subsection or section 121(c) (as such section was in effect prior to October 1, 1984) unless—

"(A) a study assisted under subsection (b)(1)(A) of this section has established the feasibility of establishing or operating such center, except that such study shall not be required to contain an assessment of the need for such center in the area in which such center will be located; or

"(B) a study assisted under section 121(b)(1) (as in effect prior to October 1, 1984) has established the feasibility of establishing or operating such center.

"(2) The Secretary may not make a grant under subsection (a) or subsection (c) for a fiscal year beginning after September 30, 1985, to a university affiliated facility or a satellite center which has not received a grant under this section or section 121 (as such section was in effect prior to October 1, 1984) unless—

"(A) a study assisted under subsection (b)(1)(A) has been conducted with respect to such facility or center by a university affiliated facility; and

"(B) such study has established the feasibility of establishing or operating such facility or center.

"APPLICATIONS

"SEC. 153. (a) Not later than six months after the date of the enactment of the Developmental Disabilities Act of 1984, the Secretary shall establish by regulation standards for university affiliated facilities. Such standards shall reflect the special needs of persons with developmental disabilities who are of various ages, and shall include performance standards relating to each of the activities described in section 102(13).

"(b) No grants may be made under section 152 unless an application therefor is submitted to, and approved by, the Secretary. Such an application shall be submitted in such form and manner, and contain such information, as the Secretary may require. Such an application shall be approved by the Secretary only if the application contains or is supported by reasonable assurances that—

"(1) the making of the grant will (A) not result in any decrease in the use of State, local, and other non-Federal funds for services for persons with developmental disabilities and for training of persons to provide such services, which funds would (except for such grant) be made available to the applicant, and (B) be used to supplement and, to the extent practicable, increase the level of such funds;

"(2)(A) the applicant's facility is in full compliance with the standards established under subsection (a), or

"(B)(i) the applicant is making substantial progress toward bringing the facility into compliance with such standards, and (ii) the facility will, not later than three years after the date of approval of the initial application or the date standards are promulgated under subsection (a), whichever is later, fully comply with such standards; and

"(3) the human rights of all persons with developmental disabilities (especially those persons without familial protection) who are receiving treatment, services, or habilitation under programs assisted under this part will be protected consistent with section 110 (relating to rights of the developmentally disabled).

"(c) The Secretary shall establish such a process for the review of applications for grants under section 152 as will ensure, to the maximum extent feasible, that each Federal agency that provides funds for the direct support of the applicant's facility reviews the application.

"(d)(1) If the total amount appropriated under section 154 for a fiscal year is at least $8,500,000, the amount of any grant under section 152(a) to a university affiliated facility shall not be less than $175,000 for such fiscal year and the amount of any grant under section 152(c) to a satellite center shall not be less than $75,000 for such fiscal year.

"(2) If the total amount appropriated under section 154 is less than $8,500,000, the amount of any grant under section 152(a) to a university affiliated facility shall not be less than $150,000 for such fiscal year and the amount of any grant under section 152(c) to a satellite center shall not be less than $75,000 for such fiscal year.

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 154. For the purpose of making grants under section 152, there are authorized to be appropriated $9,000,000 for fiscal year 1985, $9,600,000 for fiscal year 1986, and $10,100,000 for fiscal year 1987.

"PART E—SPECIAL PROJECT GRANTS

"PURPOSE

"SEC. 161. The purpose of this part is to provide for grants for demonstration projects to increase and support the independence, productivity, and integration into the community of persons with developmental disabilities.

"GRANT AUTHORITY

"SEC. 162. (a) The Secretary may make grants to public or nonprofit private entities for—

"(1) demonstration projects—

"(A) which are conducted in more than one State,

"(B) which involve the participation of two or more Federal departments or agencies, or

"(C) which are otherwise of national significance,

and which hold promise of expanding or otherwise improving services to persons with developmental disabilities (especially those who are multihandicapped or disadvantaged, including Native Americans, Native Hawaiians, and other underserved groups); and

"(2) technical assistance and demonstration projects (including research, training, and evaluation in connection with such projects) which hold promise of expanding or otherwise improving protection and advocacy services relating to the State protection and advocacy system described in section 142.

Projects for the evaluation and assessment of the quality of services provided persons with developmental disabilities which meet the requirements of subparagraphs (A), (B), and (C) of paragraph (1) may be included as projects for which grants are authorized under such paragraph.

"(b) No grant may be made under subsection (a) unless an application therefor has been submitted to, and approved by, the Secretary. Such application shall be in such form, submitted in such manner, and contain such information as the Secretary shall by regulation prescribe. The Secretary may not approve such an application unless each State in which the applicant's project will be conducted has a State plan approved under section 122, and unless the application provides assurances that the human rights of all persons with developmental disabilities (especially those persons without familial protection) who are receiving treatment, services, or habilitation under projects assisted under this part will be protected consistent with section 110 (relating to the rights of the developmentally disabled). The Secretary shall provide to the State Planning Council for each State in which an applicant's project will be conducted an opportunity to review the application for such project and to submit its comments on the application.

"(c) Payments under grants under subsection (a) may be made in advance or by way of reimbursement and at such intervals and on such conditions, as the Secretary finds necessary. The amount of any grant under subsection (a) shall be determined by the Secretary.

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 163. To carry out this part, there are authorized to be appropriated $2,700,000 for fiscal year 1985, $2,800,000 for fiscal year 1986, and $3,100,000 for fiscal year 1987.".

STUDY ON INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED

SEC. 3. (a) Within six months after the date of enactment of this Act, the Secretary of Health and Human Services shall prepare and transmit to the Congress a report containing—

(1) recommendations for improving services for mentally retarded persons and persons with developmental disabilities provided under an approved State plan under title XIX of the Social Security Act so that the manner in which such services are provided will increase the independence, productivity, and integration into the community of mentally retarded persons and persons with developmental disabilities;

(2) recommendations for services provided for mentally retarded persons and persons with developmental disabilities under waivers granted under section 1915(c) of the Social Security Act so that the manner in which such services are provided can be improved to increase the independence, productivity, and integration into the community of mentally retarded persons and persons with developmental disabilities; and

(3) comments by each of the officials specified in clauses (2) through (4) of subsection (b) on the recommendations included in the report pursuant to paragraph (1), including comments concerning the effect of such recommendations, if implemented, on programs carried out by such officials.

(b) The Secretary, in preparing the report required by subsection (a), shall consult with—

(1) the Administrator of the Health Care Financing Administration of the Department of Health and Human Services (or the designee of the Administrator);

(2) the Commissioner of the Administration for Developmental Disabilities of the Department of Health and Human Services (or the designee of the Commissioner);

(3) the Chairman of the National Council on the Handicapped (or the designee of the Chairman); and

(4) the Assistant Secretary of Education for Special Education and Rehabilitative Services (or the designee of the Assistant Secretary).

And the Senate agree to the same.

That the House recede from its disagreement to the amendment of the Senate to the title of the bill and agree to the same.

JOHN D. DINGELL,
HENRY A. WAXMAN,
JAMES H. SCHEUER,
JAMES T. BROYHILL,
EDWARD L. MADIGAN,
Managers on the Part of the House.

ORRIN HATCH,
LOWELL P. WEICKER, JR.,
ROBERT T. STAFFORD,
EDWARD M. KENNEDY

JENNINGS RANDOLPH,
Managers on the Part of the Senate.

JOINT EXPLANATORY STATEMENT OF THE COMMITTEE OF CONFERENCE

The managers on the part of the House and the Senate at the conference on the disagreeing votes of the two Houses on the amendments of the Senate to the bill (H.R. 5603) to amend the Public Health Service Act to revise and extend the authorities of that Act for assistance for alcohol and drug abuse and mental health services and to revise and extend the Developmental Disabilities Assistance and Bill of Rights Act, submit the following joint statement to the House and the Senate in explanation of the effect of the action agreed upon by the managers and recommended in the accompanying conference report:

The Senate amendment to the text of the bill struck out all of the House bill after the enacting clause and inserted a substitute text.

The House recedes from its disagreement to the amendment of the Senate with an amendment which is a substitute for the House bill and the Senate amendment. The differences between the House bill, the Senate amendment, and the substitute agreed to in conference are noted below, except for clerical corrections, conforming changes made necessary by agreements reached by the conferees, and minor drafting and clarifying changes.

The House bill provides for an extension of the authorities of the Alcohol, Drug Abuse, and Mental Health Block Grant.

The Senate amendment contain no comparable provision.

The House recedes.

REORGANIZATION OF THE ACT

The Senate amendments would reorganize the current Act into 5 parts.

Part A: General Provision

Part B: Federal Assistance for Planning and Service Activities for Persons with Developmental Disabilities

Part C: Protection and Advocacy of Individual Rights

Part D: University Affiliated Facilities

Part E: Special Project Grants

The House bill retains the current organizational structure of the Act.

The House recedes.

TITLE

The Senate amendments' title is "To revise and extend programs for persons with developmental disabilities."

The short title of the Senate amendments is "The Developmental Disabilities Act of 1984".

The House bill's title is "To amend the Public Health Service Act to revise and extend the authorities of that Act for assistance for alcohol and drug abuse and mental health services and to revise and extend the Developmental Disabilities Assistance and Bill of Rights Act".

The House recedes.

PART A: GENERAL PROVISIONS

The Senate amendments would add that the purpose of this title is to help assure that persons with developmental disabilities achieve their maximum potential through increased independence, productivity and integration into the community.

The House bill contains no comparable provision.

The House recedes. The Conferees note the terms "independence, productivity, and integration" are used here as goals of the program and are not meant to be used as limitations of programs or of individual eligibility. A program for persons who may not be independent or income-producing or integrated into the community is an eligible grantee as long as such program assures care, treatment and other services and has the goal of increasing or supporting independence, integration and productivity.

The Senate amendments would define "independence" to mean the extent to which persons with developmental disabilities exert control over their own lives.

The House contains no comparable provision.

The House recedes.

The Senate amendments would define "productivity" to include engagement in income-producing work or work which contributes to a household or community.

The House bill contains no comparable provision.

The House recedes.

The Senate amendments would define "integration" to include the use of community resources that are used by nonhandicapped citizens and the residence in homes or homelike settings which are near community resources and which include contact with nonhandicapped persons.

The House bill contains no comparable provision.

The House recedes.

The Senate amendments would authorize (1) services to promote and coordinate activities to prevent developmental disabilities and (2) nonvocational social development services.

The House bill would also authorize preventive activities.

The House recedes.

The Senate amendments would amend the term service activities to include "the provision of specialized services in the area which responds to unmet needs of persons with developmental disabilities".

The House bill contains no comparable provision.

The House recedes.

The Senate amendments would amend "priority services" to mean alternative community living arrangement services, employment related activities and child development services. Case management services are included in the definition of these three terms.

The House bill contains no comparable provision.

The House recedes with an amendment deleting case management services as part of each priority services area and adding case management as a fourth priority area.

The Senate amendments would define "supported employment" to mean paid employment for persons for whom competitive employment at or above the minimum wage is unlikely and who, because of their disabilities, need intensive, ongoing support in a work setting, including settings in which nonhandicapped persons are employed. The support includes any activity needed to sustain paid work including supervision, training and transportation.

The House bill contains no comparable provision.

The House recedes.

The Senate amendments would expand "satellite center" to allow such centers to include all functions of university affiliated facilities.

The House bill would amend "satellite center" to include a public or nonprofit entity affiliated with or an integral part of a college or university which provides at least interdisciplinary training and dissemination of findings.

Both provisions are accepted.

The Senate amendments would expand the definition of "university affiliated facility" to include facilities that provides at least the following activities: interdisciplinary training conducted at the facility and through outreach activities; exemplary services in community settings; and technical assistance and dissemination of findings to increase independence, productivity and community integration of persons with developmental disabilities.

The House bill contains no such provision.

The House recedes.

The Senate amendments would amend current law to allow the Federal share of the State grant projects to be 75 percent of the aggregate cost of such projects, except in poverty areas where the Federal share my be 90 percent of such aggregate cost.

The House bill contains no such provision.

The House recedes with an amendment which replaces "shall be" to "may not exceed". It is the intent of the Conferees that 25 percent of the support of projects under parts B and D be provided from non-Federal sources unless the projects are located in an urban or rural poverty area, in which case 10 percent of the support should be provided from non-Federal sources. It is not the intent of the Conferees that States or grantees be required by the Secretary to supply more than these levels from non-Federal sources, although if States or grantees wish to "over-match" they are clearly free to do so.

The Senate amendments would require State planning councils to submit an annual report to the Secretary concerning activities under the State grant program. Such report shall include a description of the program's activities and accomplishments, a comparison of accomplishments and goals and objectives, an accounting of the use of State grant funds, a specification of funds allotted to various types of agencies, and attendance at State planning council meetings.

The House bill would require the Secretary to make an annual report to the Congress on State activities and to make such reports available to States and the general public.

The House recedes with an amendment. The Conferees recommend that the Secretary prescribe the form of the annual State report. The Conferees recommend that the following information be included:

(1) the total amount of Federal funds for the fiscal year paid to the State for the State grant program;

(2) the total amount of the non-Federal share for projects funded by the State grant program during the fiscal year;

(3) the total amount of Federal funds and the total amount of non-Federal funds obligated to carry out the State grant program during the fiscal year;

(4) the total amount of Federal funds and the total amount of non-Federal funds expended to carry out the State grant program during the fiscal year;

(5) the total amount of Federal funds provided under the State grant program which were not obligated or expended during the fiscal year;

(6) the total amount of Federal funds expended for travel by council members during the fiscal year;

(7) a specification of the amount and proportion of Federal funds paid to the State for the State grant program for the fiscal year which were allocated to—

(A) State agencies;

(B) Local governments and local government agencies;

(C) nonprofit private agencies; and

(8) a description of the extent to which the individuals who actually attended meetings of the State Planning Council during the fiscal year reflect the requirements for membership on such Council.

The Senate amendments would require the protection and advocacy systems to submit an annual report to the Secretary

which describes its activities and accomplishments.

The House bill contains no such provision.

The House recedes with an amendment which requires that the annual report also include information about expenditures made during the preceding fiscal year.

The Senate amendments would require the Secretary to submit to the President, the Congress, and the National Council on the Handicapped an annual report on the programs authorized under the Act, progress made and services needed to improve the independence, productivity and integration into the community of persons with developmental disabilities. In addition, the Secretary would submit a report on the States' manpower and training assessments.

The House bill contains no such provision.

The House recedes with an amendment which deletes the requirement for a report on the States' manpower and training assessments.

The Senate amendments would require the Secretaries of HHS and Education to establish an interagency committee composed of representatives of the Administration on Developmental Disabilities, the Office of Special Education and Rehabilitative Services and other Federal departments as appropriate to plan and coordinate Federal activities for persons with developmental disabilities.

The House bill contains no such provision.

The House recedes with an amendment which includes the Department of Labor as a member of the interagency committee.

PART B: FEDERAL ASSISTANCE FOR PLANNING AND SERVICE ACTIVITIES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

The Senate amendments would require that the State not consolidate the State plan with any other State plan and not substitute any other plan for the required State plan unless the State Planning Council and the State administering agency consent in writing to such consolidation or substitution.

The House bill contains no such provision.

The Senate recedes. The Conferees would like to underscore the unique and critical role of the Developmental Disabilities State Plan. Since this plan is the document developed by the council to shape the State implementation of the Developmental Disabilities program, the Conferees believe it would be inappropriate to consolidate or substitute such a plan with other State plans unless the Council has final review of the plan, without subsequent additions, deletions, or revisions. It is the view of Conferees that any consolidation without such final review is an unauthorized infringement of the planning function of the State council under current law and under the proposed legislation.

The Senate amendments would require that the State plan provide that each designated State agency make reports and maintain access to records as needed by the Secretary of each State planning council.

The House bill would require each State to submit annual reports.

The House recedes with an amendment which deletes the requirement for the State agency to make reports to the Secretary and the State planning council from time to time. The provision regarding access to State records by the Secretary and the councils is retained.

The Senate amendments would add a requirement that not more than 25 percent of State grant funds be allocated to the designated State agency for the provision of services by such agency.

The House bill contains no such provision.

The House recedes.

The Senate amendments would amend the priority services areas so that employment related activities must be specified as a priority in the State plan and in addition either community living arrangement services or child development services must be specified.

The House bill contains no similar provision.

The House recedes with an amendment which would add case management as a priority service (as in current law) and which requires employment-related activities to be provided as a priority service after fiscal year 1986 only if appropriations equal or exceed the level of $50.25 million. The Conferees note that the mandatory employment-related activities service carries with it no minimum allocation of funds by the States. The Conferees do not intend for the mandatory nature of the provision of the employment-related activities service to diminish a State's ability to provide its other designated services. If a State elects to devote a substantial portion of the State allotment to the employment-related activities service, clearly it is free to do so. Indeed, a State may elect to devote its entire allotment to the employment-related activities service, if it chooses. The Conferees do not, however, intend to force a State to displace other services which it is now providing or has elected to provide. The Conferees would like to clarify that "employment-related activities" may be chosen as a priority prior to fiscal year 1987 if a State so decides.

The Conferees intend that the new employment activities priority be complementary to other programs and services aimed at preparing developmentally disabled individuals for productive activity and work. Eligible developmentally disabled individuals should receive appropriate training and other services under the State vocational rehabilitation program. The new employment-related activities priority is not intended to undermine any mandate for services to eligible developmentally disabled persons under vocational rehabilitation, independent living or other training programs.

The Senate amendments would amend the priority services areas so that when the appropriation for the State grant program exceeds $60,000,000 States may choose all three priority services.

The House bill contains no such provision.

The House recedes with an amendment which allows States to choose three priorities, beginning in fiscal year 1987.

The Senate amendments would require that the long-term habilitation goals set forth in the habilitation plan include the increase of support of independence, productivity and integration into the community for the developmentally disabled person.

The House bill contains no such provision.

The House recedes. The Conferees note that "independence, productivity and integration" are meant to serve as ideal goals and are not meant to act as limitations of programs or individual eligibility.

The Senate amendments would require that each State planning council at all times include in its membership representatives of the State agencies administering funds provided under the Rehabilitation Act of 1973, the Education of the Handicapped Act, and the Medicaid program (title XIX of the Social Security Act). In addition, the protection and advocacy system and each University Affiliated Facility or Satellite center in the States is to be represented on the State planning council.

The House bill contains no such provision.

The House recedes. The Conferees do not intend that each interest enumerated necessarily be represented by a different individual. One council member may fulfill two or more requirements for membership (e.g., one person may represent both a university affiliated facility and a higher education training facility).

The Senate amendments would require that the Secretary not revise the basis on which allotments are made more than once every three years. When revisions are to be made, the Secretary is to provide written notice of the change to States at least six months prior to the date of submission of the State plan.

The House bill would require that adjustments in the amounts of State allotments be made annually and that States be notified six months before the beginning of the fiscal year.

The Senate recedes with an amendment which states that the adjustments in allotments may (rather than "shall") be made no more frequently than annually.

The Senate amendments would require that a State's allotment not be less than the amount received in FY 1984.

The House bill contains no such provision.

The Senate recedes.

The Senate amendments would set the minimum allotment for the territories at $135,000 if the total appropriation exceeds $45,000,000.

The House bill would set the minimum allotment for the territories at $200,000 if the appropriation exceeds $47,000,000 or at $100,000 if appropriation do not exceed $47,000,000.

The House recedes with an amendment which establishes $160,000 as the minimum allotment for territories when appropriation reach $47,000,000. When the appropriation is less than $47,000,000 the minimum allotment for territories shall be $100,000.

The Senate amendments would set the minimum allotment for the States at $300,000 if the total appropriations exceed $45,000,000.

The House bill would set the minimum allotment for the States at $350,000 or the amount received in FY 1983 if the appropriations exceed $47,000,000; or at $250,000 if appropriations do not eceed $47,000,000.

The House recedes with an amendment which establishes $47,000,000 as the appropriation level at which $300,000 would become the new minimum. When the appropriation is less than $47,000,000 the minimum allotment shall be $250,000.

The Senate amendments and the House bill would authorize the following amounts for the States grant program.

[In millions of dollars]

	Senate	House
Fiscal year:		
1985	54.5	49.0
1986	58.3	49.8
1987	62.4	52.0
1988		55.0

The House recedes with an amendment which authorizes state grants at the following levels:

Fiscal year:	Millions
1985	$50.25
1986	53.4
1987	56.5

PART C: PROTECTION AND ADVOCACY OF INDIVIDUAL RIGHTS

The Senate amendments would provide that the protection and advocacy systems have the authority to provide information and referral services.

The House bill contains no such provision.

The House recedes. The Conferees note, however, that it is not their intention that the provision of information and referral services divert significant resources from the ongoing responsibilities of protection and advocacy agencies.

The Senate amendments would require that the protection and advocacy system have access to the records of developmentally disabled persons living in residential facilities if a complaint has been received on behalf of such person and if such person does not have a legal guardian or if the State is the legal guardian. Prior to Oct. 1, 1986, this access provision does not apply to any State in which State law prohibits such access.

The House bill contains no such provision.

The House recedes with an amendment which deletes the phrase "who receives services under this title". The Conferees intend for all developmentally disabled persons who reside in facilities for developmentally disabled persons to be eligible for services from the protection and advocacy system.

The Senate amendments would require that States provide protection and advocacy systems a copy of each annual survey report and plan of corrections made with respect to any intermediate care facility for the mentally retarded within 30 days of completion of such report and plan.

The House bill contains no such provision.

The House recedes.

The Senate amendments would require that States submit to the Secretary a report describing the protection and advocacy system and the expenditures of such system within 90 days after the end of each fiscal year.

The House bill contains no such provision.

The Senate recedes. The Conferees note that such a report is already required in section 107 of the bill.

The Senate amendments would provide that States not redesignate the administering agency for the protection and advocacy system unless the State determines that good cause exist to warrant such redesignation. If a State determines that good cause exists, the State must give public notice of its intent and give persons with developmental disabilities or their representatives an opportunity to comment on such proposed redesignation.

The House bill includes a similar provision.

The Senate recedes.

The Senate amendments would provide that a State not receive an allotment that is less that the allotment received in FY 1984.

The House bill contains no such provision.

The Senate recedes.

The Senate amendments would provide that territories receive not less that $60,000 and States receive not less than $100,000 for protection and advocacy systems when the total appropriations exceed $9,500,000.

The House bill would provide that territories receive not less than $100,000 if the total appropriations exceed $10,000,000 in any fiscal year. If the appropriations are less than $10,000,000, the allotment to territories would not be less than $50,000. If total appropriations exceed $10,000,000 the State allotment would not be less than $150,000 or the amount received in FY 1983. If the appropriations are less than $10,000,000 the State allotment would not be less than $50,000.

The Senate recedes with an amendment which establishes $150,000 for States as a minimum and $80,000 for territories as a minimum when appropriations equal or exceed $11,000,000. When the appropriations are less than $11,000,000 the minimum allotment shall be $50,000 for States.

The Senate amendments and House bill would authorize the following amounts for the protection and advocacy system:

[In millions of dollars]

	Senate	House
Fiscal year:		
1985	13.0	12.5
1986	16.1	15.0
1987	17.2	17.5
1988		20.0

The House recedes with an amendment which authorizes the following figures:

Fiscal year:	*Millions*
1985	13.75
1986	14.6
1987	15.5

PART D: UNIVERSITY AFFILIATED FACILITIES

The Senate amendments would authorize grants for studies of the feasibility of establishing new university affiliated facilities as well as satellite centers. A needs assessment is included as part of the feasibility study.

The House bill contains no such provision.

The House recedes.

The Senate amendments would authorize the university affiliated facilities to provide service-related training to parents of persons with developmental disabilities, professionals volunteers or personnel who provide services to increase or maintain the independence, productivity and integration into the community of persons with developmental disabilities.

The House bill contains no such provision.

The House recedes. The Conferees wish to emphasize that UAF's have an important responsibility to extend their research, training and service efforts to include adult and elderly developmentally disabled persons who are increasing in numbers and whose needs are largely unmet today. UAF training programs must reach out to professionals in those disciplines which provide generic services to adult and elderly developmentally disabled persons.

The Senate amendments would authorize satellite centers to engage in the same activities in which university affiliated facilities may engage.

The House bill contains no such provision.

The House recedes.

The Senate amendments would prohibit the Secretary from making a grant to a new university affiliated facility or satellite center after Sept. 30, 1985, unless a feasibility study has been conducted and the need for such a facility has been documented.

The House bill contains no such provision.

The House recedes.

The Senate amendments would authorize the Secretary to spend funds in excess of $7,800,000 in the following order of priority: to establish new satellite centers and university affiliated facilities; to make grants to existing satellite centers that have the capacity to become university affiliated facilities; to make grants to existing university affiliated facilities and satellite centers.

The House bill contains no such provision.

The Senate recedes.

The Senate amendments would require that applications for funds under this part include assurances that the human rights of all persons with developmental disabilities who are receiving services under the project will be protected according to the rights included under section 110 of this Act.

The House bill contains no such provision.

The House recedes.

The House bill would establish a $200,000 minimum allotment for university affiliated facilities.

The Senate amendments retain current law.

The Senate recedes with an amendment which would establish $8,500,000 as the appropriation level at which the minimum allocation for a university affiliated facility would be $175,000 when appropriations are less than $8,500,000 the State minimum shall be $150,000.

The Senate amendments and the House bill would authorize the following amounts for university affiliated facilities:

[In millions of dollars]

	Senate	House
Fiscal year:		
1985	9.4	8.0
1986	10.0	8.5
1987	10.8	9.0
1988		9.5

The House recedes with an amendment which authorize amounts at the following levels:

Fiscal year:	*Millions*
1985	$9
1986	9.6
1987	10.1

PART E: SPECIAL PROJECT GRANTS

The Senate amendments would give special emphasis to special projects that expand or improve services to Native Americans and Native Hawaiians.

The House bill contains no such provision.

The House recedes with an amendment specifying that emphasis is to go to all underserved groups, including Native Americans and Native Hawaiians.

The Senate amendments would require that applications for funds under this part include assurances that the human rights of all persons with developmental disabilities who are receiving services under the project will be protected according to the rights included under section 110 of this Act.

The House bill contains no such provision.

The House recedes.

The Senate amendments would prohibit the Secretary from consolidating the authority to make grants under this section with any other authority to make grants which the Secretary has under any other law.

The House bill contains no such provision.

The Senate recedes.

The Conferees emphasize that funds appropriated under Special Projects may not be combined with funds appropriated under any other Act if the purpose of combining funds is to make a single discretionary grant or a single discretionary payment, unless such funds appropriated under this title are separately identified in such grant or payment and are used for the purposes of this part.

The Senate amendments would add a provision requiring the Secretary to prepare and submit to Congress a report containing recommendations for improving services for mentally retarded and developmentally disabled persons under an approved State plan under title XIX of the Social Security Act. The report is to be completed within 6 months of enactment of the 1984 Act. The report and recommendations are to address improvements in services that will increase the independence, productivity and integration into the community of mentally retarded persons and persons with developmental disabilities. The report is to include recommendations regarding the waiver program under which persons are served in small, community settings. (Section 1915(c) of the Social Security Act.)

The House bill contains no such provision.

The House recedes with an amendment. The Conferees direct the Secretary to adequately fund this study. The Conferees would like to underscore the importance of this report for improving services for developmentally disabled and mentally retarded persons under Title XIX. The Conferees direct the Secretary to consider the recent findings of the Senate Subcommittee on the Handicapped concerning Title XIX services for developmentally disabled and mentally retarded persons.

The Senate amendments would provide that not more than $75,000 of the amount appropriated under this part for FY 1985 be used to conduct a study.

The House bill contains no such provision.

The Senate recedes. The Conferees, however, expect the Secretary to devote adequate funding to the study from the discretionary funds.

The Senate amendments and the House bill would authorize the following amounts for special projects.

(In millions of dollars)

	Senate	House
Fiscal year:		
1985	3.7	2.7
1986	3.7	2.9
1987	4.0	3.1
1988		3.3

The House recedes with an amendment which authorizes funding at the following levels:

Fiscal year:	Millions
1985	2.7
1986	2.8
1987	3.1

The Senate amendments would provide that this Act take effect on Oct. 1, 1984, except for sections 108(b), 153(a) and 163 which shall take effect on the date of enactment.

The House bill contains no such provision.

The Senate recedes.

JOHN D. DINGELL,
HENRY A. WAXMAN,
JAMES H. SCHEUER,
JAMES T. BROYHILL,
EDWARD R. MADIGAN,
Managers on the Part of the House.

ORRIN HATCH,
LOWELL P. WEICKER, Jr.,
ROBERT T. STAFFORD,
EDWARD M. KENNEDY,
JENNINGS RANDOLPH,
Managers on the Part of the Senate.

COMMUNICATION FROM CHAIRMAN OF COMMITTEE ON PUBLIC WORKS AND TRANSPORTATION

The SPEAKER pro tempore laid before the House the following communication from the chairman of the Committee on Public Works and Transportation; which was read, and without objection, referred to the Committee on Appropriations:

COMMITTEE ON PUBLIC WORKS
AND TRANSPORTATION,
Washington, DC, September 21, 1984.

Hon. THOMAS P. O'NEILL, Jr.,
Speaker of the House of Representatives, Washington, DC.

DEAR MR. SPEAKER: Enclosed are copies of resolutions adopted by the Committee on Public Works and Transportation. These resolutions approve five watershed projects of the Soil Conservation Service in accordance with the provisions of Public Law 566, Eighty-third Congress.

Every best wish.

Sincerely,

JAMES J. HOWARD,
Chairman.

There was no objection.

□ 1850

GENERAL LEAVE

Mr. HAYES. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks, and to include therein extraneous material, on the subject of the special order today by the gentleman from New York [Mr. DOWNEY].

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California [Mr. PATTERSON] is recognized for 5 minutes.

[Mr. PATTERSON addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

FAREWELL TO COMMISSIONER BOWIE KUHN

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York [Mr. BOEHLERT] is recognized for 5 minutes.

Mr. BOEHLERT. Mr. Speaker, the great national pastime, baseball, is losing its crown prince this week.

Bowie Kuhn, who, as a result of nearly 16 years of exceptional service as Commissioner of Baseball, has earned the title "Mr. Integrity" will be stepping down on September 30.

He will be missed.

He will be missed for a whole variety of the right reasons, but most of all because he presided over one of the sport's most difficult periods and did so with distinction, with fairness and with firmness.

Things didn't always go the way Commissioner Kuhn wanted, but then again those of us who know and love baseball realize no one ever bats a thousand over the long haul.

As a devoted fan, I've got my share of beefs with the Commissioner's decisions over the years, most notably his nonintervention and back-turning on the American League's cavalier handling of the case of umpires Al Salerno and Bill Valentine as the decades of the 1960's came to a close.

But we should all acknowledge that the best of the Hall of Famers occasionally made an error.

The important thing for us to recall is not the infrequent missteps of Commissioner Kuhn, but rather the almost always giant forward strides in the best interests of the game.

In the history of baseball, he has been one of the very best in terms of having a positive influence. There is no doubt in my mind that someday in the not too distant future, Bowie Kuhn will reside in my district, enshrined—and deservedly so—in the sanctuary of greats: The National Baseball Hall of Fame and Museum in magnificent Cooperstown, NY.

Baseball has never been better. There have never been more fans, more money earned for participants at all levels, a greater number of employees and a more favorable atmosphere than there exists today.

This is all the direct result of the able leadership of the influential Mr. Kuhn.

There have been great threats and challenges to baseball, threats and challenges almost commonplace in today's society. Drugs and gambling interest come to mind.

Bowie Kuhn seemed to look upon these not as threats and challenges as much as they were opportunities, opportunities to preserve the basic integrity of the game. And that he did.

Indeed, Mr. Speaker, as Commissioner, Bowie Kuhn was more than Mr. Baseball, he was Mr. Integrity.

He will be missed.

My hope is that those who follow will be up to the high standards set by this fine and decent human being.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Arkansas [Mr. ALEXANDER] is recognized for 5 minutes.

[Mr. ALEXANDER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

TODAY'S VOTE ON CRIME LEGISLATION

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida [Mr. MACK] is recognized for 5 minutes.

Mr. MACK. Mr. Speaker, I merely wnated to take this opportunity at this point to, I guess, recap some of the day's activities. We started early in the afternoon with a vote on the previous question to decide whether the President's crime package would come to the floor of the House for a vote. If some of you will think back over this past year I think that you will recognize that in January we began the process of coming to the floor of the House and asking unanimous consent that certain legislation be brought to the floor of the House for a vote. When we asked for that unanimous consent someone would stand up and object, and this went on for several days until it became obvious that the requirement of having to stand up and object to our bringing legislation to the floor of the House was going to be embarrassing to those individuals who did so. So the rules of the House were changed so that no longer were we allowed to ask for unanimous consent.

APPENDIX 2

TEXAS PLANNING COUNCIL FOR DEVELOPMENTAL DISABILITIES POLICIES

TEXAS PLANNING COUNCIL FOR DEVELOPMENTAL DISABILITIES

POLICIES ADOPTED

December 7, 1984

As Revised

September 5, 1985
and
March 14, 1986

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POLICIES OF THE TEXAS PLANNING COUNCIL FOR DEVELOPMENTAL DISABILITIES

I. HISTORICAL BACKGROUND

Finding that more than two million persons in the United States had developmental disabilities, Congress passed Public Law (P.L.) 88-164, the Mental Retardation Facilities and Community Health Centers Construction Act of 1963, to provide statutory assistance to states to assist persons with developmental disabilities.

In the intervening years, amendments to the Act were contained in Public Laws 89-105, 90-31, 90-170, 90-574, 91-211, 91-517, 92-157 93-45, 94-103, 94-278, 95-602, and 97-35. In 1984, the Act was reauthorized as P.L. 98-527, the Developmental Disabilities Act of 1984 (Appendix A).

Following enactment of P.L. 91-517 in 1970, a state interagency Task Force and Interim Advisory Council was established by Governor Preston Smith. This Ad Hoc Advisory Council functioned until July 29, 1971, when the Governor designated the Texas Department of Mental Health and Mental Retardation (TDMHMR) as the state agency responsible for administration of the program. At that time, the Governor also appointed the first members of the new Texas Developmental Disabilities Planning and

Advisory Council, hereafter known as the Council. This Council has continued to operate under the various amendments cited above and Federal Regulations (Appendix B) which have established authority for the Texas Developmental Disabilities (DD) Program.

In a letter dated November 19, 1982, Governor William P. Clements transferred responsibility for the DD Program from the TDMHMR to the Texas Rehabilitation Commission (TRC), as the state Administering Agency, effective January 1, 1983. The 68th Legislature gave statutory authority to the Texas Planning Council for Developmental Disabilities through H.B. 1985, effective August 29, 1983. The 69th Texas Legislature amended the state statute through S.B. 118 which became effective September 1, 1985, codified as Chapter 112, Human Resources Code, V.T.C.A. (Appendix C). These federal and state laws provide the basis for implementation of these policies.

II. COUNCIL MISSION

It is the mission of the Texas Planning Council for Developmental Disabilities (Council) to facilitate the development of a comprehensive service delivery system in Texas which will enable persons with developmental disabilities to achieve their maximum potential for independence, productivity and integration into the community. The Council seeks input and involvement of persons with developmental disabilities, their families, service providers, advocates and persons involved with the service delivery system as it conducts its mission.

The primary functions of the Texas Planning Council for Developmental Disabilities are to:

A. Develop a state plan in cooperation with the Texas Rehabilitation Commission to comply with the federal Developmental Disabilities Act.
B. Recommend developmental disabilities grant funding activities to the administering agency which support the state plan.
C. Advocate for state and federal legislation, appropriations, and policies on behalf of persons with developmental disabilities.
D. Monitor and evaluate the service delivery system in Texas and recommend system changes to the Governor, Legislature and state and local governmental agencies.
E. Promote public and private interagency coordination and consumer involvement to expand and improve the service delivery system.
F. Provide the public with information which promotes positive attitudes about persons with developmental disabilities and facilitates their integration into the community.

In order to address its mission, the Council drafted a set of ten long-range goals directed toward improving the Texas service delivery system. These goals outline the general targets of the Council's advocacy and planning efforts during the next three to five years.

The long-range goals of the Council are:

A. To improve the quality and increase the availability of health-related professional and paraprofessional services to persons with developmental disabilities.

B. To increase the availability of a full array of family support services.

C. To promote public and private school systems which are designed to increase independence, productivity and integration into the community for persons with developmental disabilities.

D. To increase the availability and stability of community living options and appropriate support services.

E. To promote development of programs and funding for services to persons with developmental disabilities who are unserved or underserved.

F. To promote the use of technological developments that enhance the potential of persons with developmental disabilities for maximum independence, productivity, and integration into the community.

G. To assist the State of Texas in developing a data management system that will facilitate effective planning, resource allocation, and evaluation of services to persons with developmental disabilities

H. To increase the availability of meaningful, age appropriate activities for adults with developmental disabilities which increase their potential for independence, productivity, and integration into the community.

I. To facilitate the development of a comprehensive service delivery system in the area of employment-related activities for persons with developmental disabilities.

J. To promote consumer input and involvement in all activities of the Texas Planning Council for Developmental Disabilities and other public and private agencies.

III. MANAGEMENT AGREEMENT

The Management Agreement is part of these policies by reference. The Agreement is intended to assist the Council and Administering Agency to relate in a coordinated manner, consistent with federal and state laws.

IV. RESPONSIBILITIES OF THE TEXAS REHABILITATION COMMISSION AS ADMINISTERING AGENCY

A. General Authority: P.L. 98-527

The principal responsibilities of the Administering Agency are to develop and prepare the State Plan jointly with the Council and to administer the State Plan on a day-to-day basis. In accepting federal funds, the Administering Agency assures that the Program will be carried out in accordance with P.L. 98-527, federal regulations and guidelines, and the policies and procedures set forth in the State Plan .

B. Specific Duties

In order to ensure that the DD Program is administered in a proper and efficient manner, the Administering Agency is responsible for:

1. Joint development of the State Plan with the Council;
2. Administration or supervision of the State Plan;
3. Development of criteria and procedures to appropriately obligate funds for activities and services made under the Plan during the fiscal year in which funds are allocated;
4. Day-to-day operation of the program;
5. Development of agreements and coordination with other state agencies;
6. Fiscal management of the program through fiscal control and fund accounting procedures to assure proper disbursement and accounting for funds;
7. Provision of reasonable state financial participation in the cost of carrying out the State Plan;
8. No less than 75 percent of the expenditures incurred under the approved State Plan make up the federal share, except for activities or projects located in or serving urban or rural poverty areas. In those cases, the federal share may be up to 90 percent of the expenditures (the Administering Agency must provide not less than 25% match and/or not less than 10% match for activities and projects serving urban or rural poverty areas);
9. Establishment of a program unit and assignment of adequate staff to perform those activities necessary for the develop-

ment, administration, and implementation of the State Plan;

10. Development of standards and procedures for the expeditious and equitable handling of applications for subgrants and contracts to be made under the State Plan;
11. Preparation and submission of financial, program, and other such reports as required by the Department of Health and Human Services (DHHS);
12. Development and monitoring of individual habilitation plans;
13. Development within the State Plan of a budget for the DD Program which implements the priorities as written in the State Plan; and
14. Cooperative coordination of DD Program operations through the Executive Director.

C. RFP Process

The Administering Agency is responsible for the fiscal and program accountability of DD Program funds. The Management Agreement specifies that the Council not engage in activities that could, in effect, be considered a conflict of interest in the process of awarding grant funds. The Management Agreement therefore specifies that the Administering Agency, through the DD Program Staff, develop specific RFPs based on priorities in the State Plan (Appendix E, pages 48-52, 56-73). The Program Staff may use those goals recommended by the Council to implement the priorities. The TRC-DD Program RFP procedures include specifications for development of the RFPs, independent review of applications (through a panel of non-Council members), final selection of

applicants, awarding and monitoring of grant funds and procedures for an appeals process for applicants who request reconsideration of funding decisions. The Program Manual (available upon request through the DD Program Office) specifies rules, regulations, and accountability procedures for all grants to the Program.

D. Program Planning and Evaluation

Two strategies are used to monitor and evaluate the DD Program. The Administering Agency audits the Program, and provides grants management services. The Council Planning and Evaluation (P&E) Committee monitors implementation of the State Plan through grants management reports.

V. ADDITIONAL RESPONSIBILITIES OF THE COUNCIL

A. Participate in other activities which the Governor or the Secretary of DHHS may reasonably request or require;

B. Monitor the state service system with respect to services for persons with developmental disabilities and analyze programs, both public and private, currently and potentially capable of providing services to persons with developmental disabilities;

C. Assess the needs and problems of persons with developmental disabilities;

D. Identify gaps and barriers within the service delivery system; establish priorities, goals, and measurable objectives for the development of the State Plan; and recommend RFP areas for the allocation of DD Program funds;

E. Provide public information about the activities of the Council through the use of brochures, newsletters, public service announcements, press releases, etc.;

F. Promote effective laws, policies, procedures, and practices relating to the rights of and services to persons with developmental disabilities;

G. Foster cooperation and communication among state, county, municipal, voluntary, and private agencies providing services to persons with developmental disabilities to assure that such services are delivered effectively, efficiently, and without duplication;

H. Promote public awareness of the needs and problems of persons with developmental disabilities;

I. Advocate for the rights of and the delivery of effective services to persons with developmental disabilities;

J. Promote the establishment of community-based programs, especially model service delivery and service coordination programs, which hold promise of expanding or otherwise improving services to persons with developmental disabilities;

K. Promote the improvement of living conditions and services in institutions for persons with developmental disabilities;

L. Encourage and support training programs to prepare professionals and paraprofessionals to work effectively with persons with developmental disabilities;

M. Encourage and support pertinent research efforts and preventative measures;

N. Provide technical assistance where appropriate to achieve effective implementation of the State Plan;

O. Review applications for special discretionary project grants and submit comments thereon to the Secretary of DHHS;

P. Negotiate a Management Agreement with the Administering Agency to assure that the Council is adequately staffed to perform its duties;

Q. Undertake at the request of the Governor and the Legislature such activities appropriate to the achievement of legislative and executive functions relating to persons with developmental disabilities or other handicapping conditions;

R. Cooperatively coordinate activities through the Executive Director who directs the Council staff and the Program staff;

S. Cooperatively conduct legislative liaison in coordination with the Administering Agency and the Governor. Should the Council elect to conduct legislative action without the support of the Agency, it shall do so with a quorum vote of the Council and notify the Agency in writing of its purpose and plans.

T. Maintain communication with other state DD Councils via national and/or state level communication.

VI. ROLE OF THE EXECUTIVE DIRECTOR

The Executive Director is responsible for management of the DD Program through the Administering Agency. The Administering Agency is charged ultimately with supervision and accountability for the DD Program. The Executive Director of the Program coordinates and directs staff to

support the activities required of the Agency and the Council.

A. Council

The Executive Director is responsible to the Council through the Chair to support activities of the Council which are in accordance with the State Plan. The Management Agreement is the blueprint for Council/Agency interactions. The Executive Director directs Council staff to support approved committee and Council actions. If there appears to be conflict, the Executive Director communicates verbally and/or in writing with the parties involved, with copies to the Chair and Administering Agency official, and attempts to resolve the problem. The Executive Director updates the Chair of the Council as well as the Administering Agency official in order to coordinate activities of the Program. The Executive Director may act for the Administering Agency or the Council with regard to day-to-day operations of the Program without direct supervision. In these instances, the Executive Director is responsible for reporting actions taken to the Agency and/or Council. The Executive Director must receive prior approval from either party (Chair or Agency official) before taking budgetary actions that are not currently approved by the Council or Agency. In such cases, the action will be coordinated with either party through its respective staff/members.

B. Budget

The Executive Director develops a program budget in cooperation with the Administering Agency for Council members and Program operations (Program and Council Staff). The Council reviews the budget prior to its inclusion within the State Plan.

C. Staff

1. The Administering Agency, after consultation with the Council, designates a staffing pattern that supports the Program in accordance with the State Plan. Currently the staff is organized as the Texas Planning Council for Developmental Disabilities Program. Staff is assigned to either the Program unit or the Council Planning unit. The Executive Director is responsible for both units. A copy of the current organizational chart appears on the next page.

2. Program Unit

   The Program Unit is responsible for providing technical assistance and monitoring of grantees, disbursing grant funds to projects, and receiving and reviewing interim and final reports. The Program Unit is also responsible for preparing the State Plan in cooperation with the Council and Administering Agency, managing the RFP process, reviewing final reports of DD projects, and coordinating all other research and planning activities on behalf of the Program.

3. Council/Planning Unit

   The Council/Planning Unit is responsible for providing planning and and coordinating review of other state agency plans, coordinating preparation for all Committee and Council meetings, attending meetings of other disability advocacy organizations and monitoring legislative and state agency policy developments that affect persons with developmental disabilities.

This unit is also responsible for implementing public awareness activities of the Council including bimonthly publication of the newsletter Highlights, preparation of the annual report, management of all projects directed at public information and coordination of all contacts with the media on behalf of the Council.

VII. COUNCIL MEMBERSHIP AND ORGANIZATION

A. Organization and Functions

1. The official name of the Council is the Texas Planning Council for Developmental Disabilities (Chapter 112, Human Resources Code, V.T.C.A.).
2. Organization of the Council
   a. Members
      (1) Members of the Council shall be appointed by the Governor in accordance with applicable federal developmental disabilities laws. (Chapter 112.012, Human Resources Code, V.T.C.A.)
      (2) The Governor shall designate representatives of the following agencies to serve as voting members of the Council.
         (a) The Texas Department of Mental Health and Mental Retardation;
         (b) The Texas Department of Human Services;
         (c) The Texas Department of Health;
         (d) The Central Education Agency;

(e) The Texas Rehabilitation Commission;

(f) The Texas Commission for the Blind; and

(g) The Texas Commission for the Deaf.

(3) The Governor shall appoint the following members to serve on the Council:

(a) A representative from a higher education training facility;

(b) A representative from a local agency;

(c) A representative from a nongovernmental agency or a private nonprofit group concerned with services to persons with developmental disabilities;

(d) A representative of the State protection and advocacy system; and

(e) A representative of any DD University Affiliated Facility (UAF) or UAF satellite program in the state.

(4) (a) The Governor shall ensure that at least one-half of the membership of the Council shall be consumer members in accordance with applicable federal developmental disabilities laws.

(b) At least one-third of the consumer members must be persons with developmental disabilities, at least one-third must be parents or guardians of a person with a mentally impairing developmental disability, and at least one must

be an immediate relative or guardian of a person with developmental disabilities who is living in an institution.

B. Terms of Service

1. Members of the Council appointed by the Governor shall serve for staggered terms of six years with the term of one-third of the members expiring on February 1 of each odd-numbered year.
2. A person may not serve on the Council more than two consecutive six-year terms.

C. Attendance

Members are expected to attend all Council meetings and all meetings of those Committees to which they are assigned. Members shall notify the appropriate Chairman or the Executive Director at least five workdays prior to the meeting of any necessary absence.

D. Vacancies

If a position becomes vacant, the Chair shall provide written notice to the Governor and Agency Commissioner or Agency Executive Director, as appropriate, requesting a new appointment to fill the remainder of the member's term. (Section 112.014 (a) & (b), Human Resources Code, V.C.T.A.)

E. Officers

1. Officers of the Council shall be a Chair and a Vice-Chair.
2. a) The Council Chair shall be designated by the Governor to serve a term at the will of the Governor.
   b) The Chair shall take office immediately upon appointment.
3. a) The term of office for the Council Vice-Chair shall be one calendar year. No member may hold the office of Council

Vice-Chair for more than two consecutive full terms.

b) Election of the Council Vice-Chair shall be by a simple majority vote of members in attendance at the first regularly scheduled Council meeting of each calendar year.

c) Nominations for the office of Vice-Chair shall be made by the Nominating Committee. Additional nominations may be made from the floor, provided consent of the person(s) nominated has been obtained.

d) The Vice-Chair shall take office immediately upon election.

4. Responsibilities of the Chair and Vice-Chair

a) The Chair is the chief executive officer of the Council. The Chair has responsibilities for facilitating and supervising Council activities through Council and committee meetings and for working with Council members needing clarification about Council functions. The responsibilities of the Chair shall include, but not be limited to, the following duties:

(1) The Chair shall preside at all meetings of the Council;

(2) The Chair shall serve as the Chair of the Executive Committee and as a voting, ex-officio member of all committees except the Nominating Committee, and shall be counted in a quorum;

(3) The Chair shall appoint the members of all standing and ad hoc committees except the Nominating Committee; and shall appoint the Chairs of all committees;

(4) The Chair shall call special meetings of the Council, as necessary;

(5) The Chair shall prepare the formal agenda for each Council meeting; and

(6) The Chair shall represent the Council at public meetings and conferences and in dealing with other organizations or shall designate an alternate to do so.

(7) The Chair, with the Commissioner of the Administering Agency or his designee, shall jointly prepare the annual performance evaluation of the Executive Director.

b) Vice-Chair's Responsibilities

The responsibilities of the Vice-Chair shall include, but not be limited to, the following duties:

(1) The Vice-Chair shall perform the duties of the Chair in all cases when the Chair is unable to serve;

(2) The Vice-Chair shall be a voting ex officio member of all committees, except the Nominating Committee, and shall be counted in a quorum;

(3) The Vice-Chair shall assume such additional duties as may be requested by the Chair; and

(4) The Vice-Chair shall serve as acting Chair pending the appointment of a new Chair.

c) Vacancies in Offices

(1) A vacancy in the office of Council Chair may be filled only by the Governor designating a Council member to be Chair of the Council. The Council Vice-Chair shall perform the duties of the Chair during the period of vacancy.

(2) A vacancy in the office of Vice-Chair may be filled by a majority vote of the members present at any scheduled meeting of the Council. Nominations shall be made from the floor, provided consent of the person(s) nominated has been obtained.

Vice-Chairs elected in this manner shall serve until the election of a new Vice-Chair at the first regular Council meeting of the new calendar year.

d) Role of State Agency Council Members

A representative of a state agency may not serve as Chair or Vice-Chair of the Council.

e) Secretary to the Council

The Executive Director, as Secretary to the Council, shall be responsible for the minutes of the Council. The Director shall assure that approved minutes are distributed to the members of the Council, to the Governor, to the Administering Agency, and to such others as the Chair may direct.

E. Expenses of Council Members

1. a) The Executive Director develops a budget for Council operations that is included as part of the State Plan.

b) Council members serve without salary, but are entitled to receive reimbursement for actual expenses for all approved activities or as otherwise allowed by the Texas Legislature. Such expenses shall be incurred in performing their duties, and include travel, long distance telephone calls,

meals and lodging expenses .

c) Council members may be reimbursed for attending Council meetings, Council Committee meetings, and other activities as approved by the Council Chair. Examples of activities which require prior approval are: on-site visits to DD grant projects; DD grantee conferences; NADDC meetings; presentations to other organizations on behalf of the Council; testimony to the Texas Legislature, public agencies and other public forums. Expense reimbursement may be approved by the Council Chair for members to attend meetings specifically related to Committee assignments for the purpose of advocacy on behalf of Texans with developmental disabilities.

d) For both in-state and out-of-state travel requests, the Chair will contact the Executive Director in order to review the Council budget and review the Chair's recommendation. Approval is contingent upon joint verification of need in relationship to the DD State Plan. In addition, for out-of-state travel the Executive Director will request approval from the Commissioner of the Administering Agency.

2. Council members who have disabilities which require them to use special aids or travel companions are entitled to reimbursement for those costs.

3. Council members shall file expenses on a timely basis and claim only expenses incurred in performing their duties as Council members.

F. Conflict of Interest

1. Effective October 1, 1985, new DD grant funds shall not be awarded to organizations in which a Council member is subject to disqualification under federal law or which involves a conflict of interest under state law.
2. Members who foresee they may be involved, or find themselves in conflict of interest situations with regard to DD grant funding shall contact the Chairman of the Council to review alternatives for resolving the possible conflict of interest. Resolutions may include termination of all involvement with the entity, resignation from the Council, or a termination of all DD grant-funding activities with the entity by the Texas Rehabilitation Commission. Any legal issues arising out of the situation will be referred to the TRC Legal Services Division for opinion.
3. If a DD grant related issue comes before the Council in which the member has a possible conflict of interest, it shall be the duty of the member to declare a possible conflict of interest prior to the discussion of the issue. The member shall abstain from voting on the issue with that abstention record in the minutes. The member willl then be free to participate in the discussion of the issue.

VIII. COMMITTEES OF THE COUNCIL

There shall be an Executive Committee, Advocacy and Public Information Committee, Planning and Evaluation Committee, and other committees as necessary to perform the duties and responsibilities of the Council.

A. General Business

1. The Council Chair shall assign each Council member to at least one standing committee and designate the Committee Chairs. The Committee Chair shall select a Vice-Chair for the committee who will act in the Chair's absence. The Council Chair and Council Vice-Chair shall not be appointed to serve as Chair or Vice-Chair of any standing committees except the Executive Committee.

2. A committee may make recommendations based on the simple majority of the members present. Actions recommended by the members present shall be presented to the full Council for their consideration. Written reports of each committee meeting are to be received.

3. All policy statements proposed by any Committee shall be presented to the full Council for ratification. Any actions which require budgetary funds shall be presented by the Chair

to the Executive Director for approval by the Commissioner of the Administering Agency.

4. Each committee shall review the goals and objectives in the State Plan and take appropriate action in relevant areas. In addition, Committees develop written activity sheets with Council staff in order to target appropriate action.
5. The Council may designate additional committees.

B. Executive Committee

1. The Executive Committee consists of the Council Chair, Vice-Chair, and Chairs of the other committees (or Vice-Chairs in the absence of the Committee Chairs). In addition, the Executive Director, Administering Agency representative, and immediate past chair serving on the Council are nonvoting members.
2. The Council Chair and Vice-Chair shall serve as the Executive Committee Chair and Vice-Chair, respectively.
3. The Executive Committee shall have the following powers and duties, and others that may be delegated from time to time by the Council:
   a. To act for the full Council on emergency matters when the full Council cannot meet, provided that the subsequent concurrence of a majority of the Council members shall be necessary to make such actions valid. In all actions of the Executive Committee, the legal rights of third parties shall be protected;
   b. To review the internal organization and functions of the Council;

c. To report regularly its work and actions to the Council. The minutes of Executive Committee meetings shall be sent to all Council members.

d. The Executive Committee shall review applications for the position of the Executive Director of the DD Program and shall develop recommendations to the Commissioner of the Texas Rehabilitation Commission regarding those applicants.

4. Any Council member may register a formal written inquiry regarding a member's or employee's action to the Executive Committee. The Executive Committee will investigate the complaint and make recommendations concerning its findings to the Council in accordance with applicable state statutes and Administering Agency policies.

C. Advocacy and Public Information Committee

The Advocacy and Public Information Committee shall have the following powers and duties, and others that may be delegated from time to time.

1. Coordinate action on advocacy goals and objectives in the State Plan. These activities assure that persons with developmental disabilities receive the care, treatment and other services necessary to enable them to achieve their maximum potential through increased independence, productivity, and integration into the community.

2. Refine advocacy and legislative issues based on Public Forum input, recommendations by grantees and all other sources of advocacy information in the state;

3. Recommend specific strategies to the Council for advancing

priority advocacy and legislative issues;

4. Participate in the development and revision of the State Plan;
5. Coordinate the public information activities of the Council;
6. Make recommendations to the full Council on future public information strategies; and
7. Monitor the ICF/MR annual survey report process.

D. Planning Committee

The Planning Committee shall have the following powers and duties, and others that may be delegated from time to time by the Council:

1. Coordinate Council participation in the development and revision of the required federal Administration on Developmental Disabilities State Plan (3 year), including developing priorities, goals, and objectives for submission to the full Council;
2. Coordinate Council input for the Texas Rehabilitation Commission Long-range Plan (5 year);
3. Develop recommendations for RFP activities based on priority service areas selected by the Council;
4. To the maximum extent feasible, review and comment on all State Plans in Texas which relate to programs affecting persons with developmental disabilities;
5. Plan and coordinate public forums sponsored by the Council to receive public testimony and recommendations for future Council funding and advocacy activities; and
6. Identify gaps in and barriers to the service delivery system by reviewing with the Monitoring and Evaluation Committee Summary Final Reports of DD Grants.

E. Nominating Committee

1. The major responsibilities of the Nominating Committee are a) to present a slate of names to the full Council for approval for providing recommendations to the Governor for Council Chair at such times as necessary, and b) to present a name for the office of Council Vice-Chair at the March Council meeting.
2. The Chair appoints the Chairperson of the Nominating Committee and, if necessary, additional members to ensure a committee of five members. Each standing committee except the Executive Committee shall select one member for the Nominating Committee prior to the December Council meeting. The Chair and Vice-Chair of the Council may not serve as members of the Nominating Committee. During the December meeting, a list of the members shall be announced.
3. Recommendations for Council Chair
   a. The Chairman of the Nominating Committee shall convene a meeting of the Committee to provide recommendations to the Governor for a Council Chair.
   b. Nominations by Council members from the floor will follow presentation of those of the Nominating Committee.
4. Nominations for Council Vice-Chair
   a. The Nominating Committee nominates a candidate for the office of Council Vice-Chair.
   b. The nomination is presented to the Council at the March Council meeting.
   c. Nominations by Council members from the floor will follow presentation of the candidate by the Nominating Committee.

IX. MEETINGS OF THE COUNCIL

A. Meetings and actions of the Council shall be in accordance with the Open Meetings Act, Article 6252-17, V.T.C.S. (Appendix I).

B. Council business is conducted by a quorum. A quorum consists of a simple majority of current Council members.

C. The statute provides that the Council shall meet quarterly in regular session and on call by the Chair when necessary for the transaction of Council business.

D. Special meetings of the Council may be called by the Chair, the Executive Committee, through the written request of five or more Council members, or by the Executive Director.

E. Agenda. The Chair with the assistance of the Executive Director, will prepare and submit to each member of the Council a copy of the agenda prior to each Council meeting. The agenda outlines items that will be considered by the Council and such other matters, materials, and information members have requested to be included for consideration.

F. Order of Business. The order of business to be observed by the Council shall be as follows:

1. Opening
2. Introduction of visitors and guests
3. Reading and/or approval of the minutes of the previous meeting
4. Committee reports
5. Communications
6. Reports of communication

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7. Old or unfinished business
8. New business
9. Public comments
10. Adjournment

G. Public Comments. The Council chair shall ensure that the agenda for each full Council meeting allows an opportunity for the public to offer comments or questions to the Council about business items before the Council.

H. Parliamentary Procedure. The rules contained in the current edition of Robert's Rules of Order Newly Revised, shall govern the Council except as otherwise provided by these Council policies or by statute. The Chair shall designate a member to serve as Parliamentarian.

I. Council policies may be adopted or revised by a simple majority of the members present at a regular or called Council meeting.

J. Policies may be amended at any business meeting by the Council membership, provided that written notice of the proposed amendment(s) is made at least 30 days prior to the convening of the meeting.

K. Motions Passed by the Council

1. Motions passed by the Council are part of the Council Minutes.
2. Motions determined by staff to affect policies of the Council will be submitted to the Council Chair for review with staff recommendations for action.
3. The Council Chair determines what action will be recommended for passed motions. Motions could be: referred to a standing or special committee for further development; proposed as

amendments to the Council policies or added to the Council policies as Standing Rules.

L. Standing Rules

Standing Rules are those rules related to the details of administration rather than parliamentary procedure that are a result of motions passed at Council meetings.

1. They are usually adopted individually if and when the need arises;
2. A standing rule can be adopted by a majority vote at a Council meeting without previous notice;
3. A standing rule remains in effect until rescinded or amended;
4. All standing rules shall be printed as an addendum to the Council policies under the heading "Standing Rules."

M. Recognizing that Committees have extensively reviewed and discussed items prior to offering recommendations for Council consideration, action by the full Council on Committee recommendations should be limited to:

1. Approval and/or amendment of a recommendation;
2. Rejection of a recommendation through a motion and Council vote;
3. Voting to take no action on a recommendation;
4. Questions aimed at clarifying the intent of Committee recommendations; and
5. Referral of a recommendation back to the Committee for further development.

X. MEMBERSHIP IN OTHER ORGANIZATIONS

A. National Association on Developmental Disabilities Council

1. The council annually votes on the issue of membership to NADDC.
2. As long as the Council retains its membership, it will be entitled to designate three delegates to NADDC, the Chair, the Executive Director, and a delegate who is a consumer Council member.
3. The consumer delegate will be selected by the full Council at the June Council meeting. Nominations from the floor will be obtained and a delegate elected by the full Council. Should the delegate be unable to attend an NADDC meeting, the Chair shall designate an alternate.
4. Delegates or alternates will attend Committee meetings and regular meetings of NADDC.
5. Delegates will provide reports to the Council about NADDC issues and actions at the first full Council meeting following the NADDC meeting.

APPENDIX 3

MANAGEMENT AGREEMENT
BETWEEN
TEXAS REHABILITATION COMMISSION
AND
TEXAS PLANNING COUNCIL FOR DEVELOPMENTAL DISABILITIES

Management Agreement

Between

Texas Rehabilitation Commission

And

Texas Planning Council for Developmental Disabilities

I. Purpose

The purpose of this agreement is to outline the functions and responsibilities of the Texas Rehabilitation Commission, hereinafter called the Commission, and the Texas Planning Council for Developmental Disabilities, hereinafter called the Council, and to formalize working relationships between the Commission and the Council in implementing the federal Developmental Disabilities Assistance and Bill of Rights Act (P.L. 95-602), as amended and the State Developmental Disabilities Act (Chapter 112, Title 7, Human Resources Code). To achieve the most effective implementation of the Acts, it is necessary that the proper relationship between the Council and the Commission be defined. This is especially necessary in terms of the Commission because it has the responsibility to provide administrative support for the Council. The administration support role of the Commission must be clearly defined to avoid misunderstanding as to the nature and extent of such administrative support. The Council, to effectively take advantage of its statewide prestige as a council appointed by the Governor and to exert the greatest influence in the public eye, must appear as it actually is - a group of dedicated citizens seeking to serve the developmentally disabled in an independent role and complementary to the state agencies. In the sphere of planning, the Council is responsible to the Governor for accomplishment of its mission and is accountable for its operations.

In the sphere of administrative support, the Commission works closely with the Chair of the Council to provide those staff personnel, material support, and services with which the Council can best operate. The Commission shall provide administrative support within the constraints imposed by the Governor, the Legislature, and the budget. Commission standard operating procedures will be followed in the provision of equipment, supplies, and services required to support the Developmental Disabilities Program. Employees assigned to the Developmental Disabilities Program will be subject to the administrative rules, regulations, and procedures of the Commission in the area of personnel administration.

Recognition is given by both parties to this agreement to the statutory mandate that the Council be responsible:

A. To serve as an advocate for persons with Developmental Disabilities;

B. To develop jointly with the Commission as administering agency the required State plan of services. The Commission will prepare the plan with advice of the Council.

C. To monitor, review, and evaluate, not less often than annually, the implementation of such State plan;

D. To review and comment, to maximum extent feasible, on all State plans in the State which relate to programs affecting persons with developmental disabilities; and

E. To submit to the Secretary of the Department of Health and Human Services through the Governor, such periodic reports on its activities as the Secretary may reasonably request, and keep such records and afford such access thereto as the Secretary finds necessary to verify such reports.

In addition, recognition is given to the requirement that the Commission as administering agency shall administer or supervise the administration of the State plan, make such reports and keep such records as required, and provide for such fiscal control and fund accounting as may be necessary to assure the proper disbursement of and accounting for funds paid to the State of Texas under the Developmental Disabilities Program.

II. Background

The Developmental Disabilities Assistance and Bill of Rights Act, hereinafter referred to as the Act, provides for comprehensive planning and implementation of a formula grant program through the joint efforts of a State Developmental Disabilities Planning Council appointed by and responsible to the Governor and a State Administering Agency. The members of the Texas Planning Council for Developmental Disabilities have been appointed by the Governor in conformity with the Act and are charged to develop jointly with the Commission a State plan to serve persons with developmental disabilities. The Texas Rehabilitation Commission has been designated as the State Administering Agency and is charged with the implementation of the State plan on a day-to-day basis.

III. Objectives

The objectives of this agreement are to comply with state statutory requirement for a management agreement and to formally establish a basis for a close working relationship between the Council and the Commission that will result in:

A. Joint development of a State plan to facilitate meeting the needs of the developmentally disabled population.

B. Implementation activities in accordance with the goals and objectives of the State plan.

C. Coordination with other agencies in the state.

D. Evaluation of the progress and identification of problem areas.

E. Provision of qualified staff for the Council to carry out Council functions.

F. Provision of qualified staff for the Commission to carry out Commission functions.

IV. Statement of Agreement

The Council and Commission agree to the following:

A. Provision of Council Staff

The Commission, as the State Administering Agency, will provide qualified personnel in such numbers as needed to enable the Council to carry out its statutory duties within the constraints imposed by the Governor, the Legislature, and the budget. The personnel shall be placed in the Developmental Disabilities Unit (DDU).

B. Operational Costs

The Commission agrees to provide all facilities, supplies, equipment, utilities, and other operational requirements as designated available within the Commission budget. The Commission agrees to provide administrative support.

C. Fiscal Administration

(1) Budget Development

It shall be the responsibility of the Executive Director of DDU with approval of the Commissioner or his designee to develop within the State plan internal operating budgets for Council operations and for implementing the Council's selected priority service areas. The Executive Director shall also be responsible working with the Council in developing priorities for the Commission's Legislative Appropriation Request. Based on this input, the Commission will develop the budget request in accordance with instructions form the Legislative and executive Budget Offices. Amounts included therein are subject to the approval of the Commission Board.

(2) Receipt and Distribution of Funds

The Commission shall receive, deposit, and disburse funds for the Developmental Disabilities Program in accordance with the state law, applicable federal law, and priorities established by the Council in the State Plan.

(3) Matching

It shall be the responsibility of the Commission to insure the provision of adequate match and certification of compliance with

Federal policy. Federal matching requirements for both planning and administration have been set by Federal policy.

(4) Verification and Approval of Expenses

Vouchers for grant payment shall be verified and signed by the executive Director, or his/her designee, prior to submission to the Internal Audit Section and Controller for processing.

Council members serve without salary but are entitled to reimbursement for actual expenses incurred in performing their duties including travel, meals, lodging, and telephone long distance charges in amounts set in the General Appropriations Act. Members of the Council who are disabled and who, because of the disability, require special aids or travel companions are entitled to reimbursement for those costs.

(5) Fiscal Accounting and Reporting

The Controller shall provide for fiscal accounting and federal fiscal reporting for program expenditures.

D. Personnel Administration

(1) General

It is the understanding of the Council and of the Commission that one organizational unit, namely, the Developmental Disabilities Unit (DDU) shall be established under the supervision of the Executive Director. DDU shall consist of a staff carrying out the functions of the Council and a staff carrying out the functions of the Commission as set forth in the agreement.

(2) Council Staff

a. Number and Qualifications

The Commission shall assign staff adequate in number and qualifications to DDU, within the constraints imposed by the Governor, the Legislature and the budget, to carry out the Council's duties, and such staff personnel shall be so identified and responsible to the Council.

b. Authority for Employment and Termination of Council Staff

The Commissioner shall select the Executive Director of DDU after review and recommendation of applicants deemed suitable by the Council. Termination of employment of the Executive Director shall be by the Commissioner with advice from the Council chair in accordance with Commission personnel policies. The Executive Director shall have the authority to employ and terminate Council staff in compliance with Commission personnel policies.

c. Performance Evaluation of council Staff

The Commissioner or his designee and the Council Chair shall jointly prepare the annual performance evaluation of the Executive Director. The performance evaluations Council staff shall be performed by the Executive Director on an annual basis and in compliance with Commission personnel policies.

d. Staff Supervision

Under the supervision of the Council Chair, in accordance with the Commission administrative policies, the Executive Director shall be responsible for the day-to-day supervision of the Council staff in carrying out the functions of the Council.

Council staff are employees of the state and are therefore subject to applicable state laws and regulations relating to state employees, including the Commission affirmative action plan to insure nondiscrimination in employment or provision of services because of race, color, religion, sex, national origin, age, or handicap.

(3) Commission Staff

Under the general direction of the Commissioner or his designee the Executive Director shall supervise the staff of DDU in carrying out the Commission's responsibility to supervise and administer the Developmental Disabilities Program.

E. State Plan Development Activities

(1) Review and comment on other state plans:

The Council shall be responsible for reviewing and commenting on other state plans affecting services for the developmentally disabled. The council shall develop a strategy for working cooperatively with other agencies, the Governor, and the Legislature in the review of other state plans prior to their finalization.

(2) Assessment of Services and Needs

The Council shall be responsible for performing an assessment of services and needs relevant to developmental disabilities, shall determine program gaps, and shall establish objectives and priorities for addressing the gaps within the State Plan.

(3) Design for Implementation

The Commission shall develop and approve a design for implementing the State Plan's priorities and objectives.

F. State Plan Implementation Activities

(1) Grant review and Selection

The Commissioner shall make the final decision regarding the award of grants and shall provide for fiscal control and fund accounting procedures necessary to assure the proper disbursement of and accounting for grant funds.

Requests for Proposals (RFP):

Final authority for the development, review and approval of requests for proposals rests with the Commissioner. The Council shall recommend RFP areas to the Commissioner. The executive Director is responsible to the Commissioner for preparation of the RFP's. The RFP's will reflect those goals and objectives set forth in the State Plan. The Commission shall develop criteria to be utilized in the review of applications for the requests for proposals.

Grant Process and Cycle:

The Executive Director shall develop the process and time schedules for carrying out a grant cycle to fund the requests for proposals approved by the Commissioner. The Executive Director shall submit to the Commissioner the defined process and time schedules for the grant cycle.

The Commissioner shall designate a Grant Review and Selection Panel which may include individuals recommended by the Council, and other persons having expertise in the area of grant review or the specific RFP's being considered. The responsibility of the Panel shall be to review applications submitted in response to the RFP's and to make recommendations regarding selection to the Commissioner.

The Grant Review and Selection Panel will recommend projects to the Executive Director. The Executive Director will provide recommended projects to the Commissioner along with a written staff justification, if needed, as to whether those grantees recommended are able to perform their respective responsibilities after review of the individual and signed collective statements from the Panel.

Selection of Grants:

Prior to final approval of a grant by the Commissioner a letter signed by the Commissioner and The Executive Director will be forwarded informing the applicant of the need to engage in a mutual understanding of the terms of the award.

The Commissioner shall review the recommendations of the Grant review and Selection Panel and shall be the final decision-maker as to applications to be accepted.

Appeals Procedure:

The Commission shall establish and implement a fair and equitable process to be utilized by applicants for the appeal of Commission decisions regarding the selection of applications.

Obligation of Funds:

The Commissioner shall award grants for accepted applications. Grants shall be signed by the Commissioner and appropriate representative(s) of the grantee organization.

(2) Grants Management

The Commission shall be responsible for preparing an annual report, or more often if necessary, based on programmatic and fiscal monitoring of funded projects. The Commission shall make such reports of grantees' progress available to the Council.

The Commission shall be responsible for developing a process and providing technical assistance to grantees in regard to grants management, regulatory compliance, programmatic issues and other issues relevant to implementation of the grants.

G. Program Evaluation

(1) Evaluation of Plan Implementation

The Executive Director shall prepare a written annual evaluation report, or more often if necessary, on the overall implementation of the State plan in accordance with Federal regulations.

The Council shall be responsible for an annual written evaluation of the implementation of the State plan, and may request necessary assistance from the Commissioner.

H. Support Services

The Commission shall provide for support services in the areas of management, legal, purchasing, personnel, auditing, fiscal, and other areas as requested by the Council.

V. Period of Management Agreement

This management agreement is effective upon signature and remains in effect until rescinded upon 60 days written notice by either party. The agreement may be amended upon agreement of both parties.

Chairman
Board of the Texas Rehabilitation Commission

3/16/84
Date

Chair
Texas Planning Council for
Developmental Disabilities

16 March, 1984
Date

APPENDIX 4

COMMUNITY HOMES FOR DISABLED PERSONS LOCATION ACT

AN ACT

relating to the requirements and standards for and location of family homes for disabled persons.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. SHORT TITLE. This Act may be cited as the Community Homes for Disabled Persons Location Act.

SECTION 2. DEFINITIONS. In this Act:

(1) "City" includes any incorporated city or town, including a home-rule city.

(2) "Department" means the Texas Department of Mental Health and Mental Retardation.

(3) "Disabled person" means a person who has a physical or mental impairment, or both, that substantially limits one or more major life activities.

(4) "Family home" means a community-based residential home operated by:

(A) the department;

(B) a community center organized under Section 3.01, Texas Mental Health and Mental Retardation Act (Article 5547-203, Vernon's Texas Civil Statutes), which provides services to disabled persons;

(C) a nonprofit corporation; or

(D) an entity certified by the Texas Department of Human Resources as a provider under the intermediate care facilities for the mentally retarded program.

(5) "Major life activity" means caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working.

(6) "Nonprofit corporation" means an entity subject to the Texas Non-Profit Corporation Act (Article 1396-1.01 et seq., Vernon's Texas Civil Statutes).

(7) "Permitted use" means a use by right that is authorized in all residential zoning districts in this state.

(8) "Physical or mental impairment" means orthopedic, visual, speech, or hearing impairments, Alzheimer's Disease, Pre-senile Dementia, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, autism, or emotional illness.

SECTION 3. FAMILY HOME REQUIREMENTS. (a) To qualify as a family home under this Act, a home must comply with this section.

(b) Not more than six disabled persons, regardless of their legal relationship to one another, and two supervisory personnel may reside in a family home at the same time.

(c) A family home must provide to the disabled residents the following services:

(1) food and shelter;

(2) personal guidance;

(3) care;

(4) habilitation services; or

(5) supervision.

(d) A family home must meet all applicable licensing

requirements.

(e) A family home may not be established within one-half mile of a previously existing family home.

SECTION 4. FAMILY HOMES AS PERMITTED USES. In all residential zones or districts in this state, a family home that meets the requirements of this Act is a permitted use. However, the residents of such home may not keep, on the premise of the home or on the public rights-of-way adjacent to the home, more than one motor vehicle per bedroom for the use of the residents of the home unless otherwise provided by city ordinance.

SECTION 5. EXCLUSION BY PRIVATE AGREEMENT PROHIBITED. Any restriction, reservation, exception, or other instrument created or amended on or after September 1, 1985, that relates to the transfer, sale, lease, or use of property may not prohibit the use of the property as a family home.

SECTION 6. EFFECTIVE DATE. This Act takes effect September 1, 1985.

SECTION 7. EMERGENCY. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended.

President of the Senate

Speaker of the House

I hereby certify that S.B. No. 940 passed the Senate on May 2, 1985, by a viva-voce vote; and that the Senate concurred in House amendments on May 27, 1985, by a viva-voce vote.

Secretary of the Senate

I hereby certify that S.B. No. 940 passed the House, with amendments, on May 21, 1985, by a non-record vote.

Chief Clerk of the House

Approved:

Date

Governor

APPENDIX 5

FY 1986 AND FY 1987 PRIORITY SERVICES ACTIVITIES

TEXAS PLANNING COUNCIL for DEVELOPMENTAL DISABILITIES

HIGHLIGHTS

Special Edition | Austin, Texas | June 24, 1985

ANNOUNCEMENT OF A CALL FOR PROPOSALS

Joellen Simmons, Executive Director of the Texas Developmental Disabilities Program, has announced the availability of funds for grant projects to be awarded through the Texas Rehabilitation Commission, on behalf of the Texas Planning Council for Developmental Disabilities, for fiscal year 1986. The goal of the grant program is to improve the statewide system of services for Texans with developmental disabilities.

PRIORITY SERVICE AREAS

Notices of grant awards for projects will be announced in January 1986 for budget periods to begin March 1, 1986. Funded projects will address the areas of Alternative Community Living Arrangement Services and Planning for Employment-Related Activities. All projects are highly competitive and focused to impact the service delivery system.

- Alternative Community Living Arrangement Services assist persons with developmental disabilities in maintaining independent living in the community, including necessary support services. Six new grants will be awarded in this area.

- Federal legislation requires the Developmental Disabilities Council to initiate employment-related activities beginning in fiscal year 1987. Employment-related activities will include a variety of services that will increase the independence, productivity or integration of persons with developmental disabilities into work settings. One planning grant will be available in this area.

PROJECT ACTIVITIES TO BE FUNDED

Alternative Community Living Arrangement Services

1. **Training for parents/family members and providers involved in providing services to persons with developmental disabilities** – A training project to produce a resource manual and provide training for families and providers of clients in need of or currently receiving services from the Texas Department of Mental Health and Mental Retardation and/or the public education system.

2. **Incentive program for providers participating in the Texas Department of Mental Health and Mental Retardation's (TDMHMR) model placements for persons with severe and multiple disabling conditions** – One service provider will be awarded grant funds for a pilot project to supplement TDMHMR funds for community services for persons with severe and multiple disabling conditions.

3. **Curriculum development for students in special education with severe developmental disabilities** – To produce, pilot test, evaluate, and disseminate a comprehensive educational curriculum for students, ages 0 - 22, in special education.

4. **Regional rehabilitation technology services for persons with developmental disabilities** – A demonstration project to enhance the independent functioning of individuals with developmental disabilities by providing coordinated services and information about currently available technology and resources.

5. **Independent evaluation of the development of the Texas community services system** – An impact, process and cost-effectiveness evaluation of community services received by clients in the Texas mental retardation system who are entering community-based residential and nonresidential programs.

6. **Training and services on behalf of adult offenders and probationers with developmental disabilities** – A project to train providers and to replicate, expand, and evaluate services to adult offenders and probationers with developmental disabilities in Texas.

Planning for employment-related activities:

Employment-related activities planning study – To produce a plan to incorporate the new developmental disabilities mandate of "employment-related activities" into the system of prevocational, vocational and employment services programs in Texas, and to regionally coordinate a system of services which enhance transitional services needed for employment of persons with developmental disabilities.

WHO IS ELIGIBLE?

Public agencies, private, nonprofit organizations, and institutions of higher education are eligible to apply for projects.

Projects must focus on issues involving persons with developmental disabilities. Developmental disabilities, as defined by P.L. 98-527, are severe,chronic mental and/or physical impairments which occur before the age of 22, are likely to continue indefinitely and limit three or more of the following life activities:

- Self-care
- Receptive and expressive language
- Learning
- Mobility
- Self-direction
- Capacity for independent living
- Economic self-sufficiency

Persons who have developmental disabilities require services which are of lifelong or extended duration and are individually planned and coordinated.

APPLICATION PROCESS

Persons interested in submitting proposals must write to the Texas Planning Council for Developmental Disabilities to request Application Kits and Requests for Proposals.

All proposals must address the activities outlined above. Unsolicited proposals for other activity areas will not be accepted for the fiscal year 1986.

PLEASE NOTE: Continuation projects receiving Developmental Disabilities Funds DO NOT submit plans for continuation budget periods at this time, these projects will receive separate instructions from the program at a later date.

Letters for Application Kits and Requests for Proposals should be sent to:

Texas Planning Council for Developmental Disabilities

Attention: Robbie Davis, Planner

118 East Riverside Drive

Austin, Texas 78704

Hand delivered proposals must be received by 5:00 p.m. on September 13, 1985, at Room 163, 118 East Riverside Drive, Austin, Texas. Proposals submitted by mail must be postmarked no later than September 13, 1985.

TEXAS REVIEW AND COMMENT SYSTEM (TRACS)

In accordance with state regulations, applicants are required to submit completed proposals to the appropriate TRACS agency by **August 1, 1985**. A directory of regional and state TRACS offices is included in the application kit available from the Developmental Disabilities Program office. Applicants are encouraged to contact their regional TRACS office as early as possible for information and guidance.

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T·E·X·A·S
PLANNING COUNCIL
for
DEVELOPMENTAL
DISABILITIES

118 E. Riverside Dr.
Austin, Texas 78704

BULK RATE
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Austin, Texas
Permit No. 1605

FY 1987 PRIORITY SERVICES ACTIVITIES

Priority Services Activity #1

Title: Multidimensional Employment Skills Model for Persons with Developmental Disabilities.

A demonstration project to enable persons with developmental disabilities to measurably increase their independence, productivity and integration through provision of a multidimensional program of habilitative services, independent living skills training, vocational skills training and paid vocational experiences. The purpose of the project will be to offer these services to assist persons involved in adult transitions, i.e., school systems to adult life activities, institution to community, or from one community setting to another, who have not demonstrated the ability to "produce" at greater than or equal to 15% of competitive norms.

While the primary goal of the program is to enable participants to achieve a functional vocational level which would enable them to move into a sheltered or supported work program, individuals who do not attain this goal shall not be excluded from continuing in the program.

Priority Services Activity #2

Title: Enhancement of Employability for Persons with Developmental Disabilities

For individuals with developmental disabilities who are currently in sheltered employment and have the potential for competitive employment. This is a two phased project designed to:

1. Demonstrate the strategies and cost effectiveness of enhancing the employability of persons with developmental disabilities through the provision of employment related services to facilitate transition from sheltered employment to competitive employment, and

2. Develop training modules and follow up training for, and in cooperation with, state/regional/local agency personnel and private sector employers responsible for employment services to persons with developmental disabilities to teach the strategies developed in Phase 1.

APPENDIX 6

NATIONAL DIRECTORY
TRAINING AND EMPLOYMENT PROGRAMS
FOR
AMERICANS WITH DISABILITIES

RECEIVED
NOV 12 1985
TPCDD

National Directory

Training and Employment Programs for Americans with Disabilities

Sponsored by:
Department of Health & Human Services and the Department of Education

INTRODUCTION

People with disabilities are an underutilized national resource. Efforts to uphold the right of disabled persons to competitive employment benefit not only those with disabilities but society as a whole. **The National Directory of Training and Employment Programs for Americans with Disabilities** is intended as a resource that can bring us closer to providing fulfilling, competitive employment for all Americans with disabilities.

The Directory is being made available to private sector employers so that they may readily locate programs that can match trained, job-ready individuals with appropriate employment opportunities. The Directory may also be used by people with disabilities and their families to locate employment and training programs.

There are 648 programs listed in the Directory. Each provides a brief description to include: training areas; training levels; placement areas; post-placement support; and disability areas served. Every effort has been made to assure accuracy, with information being obtained from those programs which have consented to be included in the Directory.

TEXAS

573

ON THE JOB TRAINING PROGRAM
Association for Retarded Citizens of the U.S.
Michael W. Stumbaugh
National Project Director

1561 Avenue "J"
Suite 105
Arlington, TX 76006
(817) 640-0204

TRAINING AREAS: assembly, building maintenance, clerical, domestic service, electrical, food service, horticulture, housekeeping, labor, machine maintenance, packaging, recreation, secretarial, stock handling, transportation

TRAINING LEVEL: basic to intermediate, 8 weeks

PLACEMENT AREAS: assembly, building maintenance, clerical, domestic service, electrical, food service, horticulture, housekeeping, labor, machine maintenance, packaging, recreation, secretarial, stock handling, transportation

POST PLACEMENT SUPPORT: N/A

DISABILITY AREAS: developmental disabilities

574

SKILLS TRAINING
Goodwill Industries of S.E. Texas, Inc.
Jo Ellen Engert
Rehabilitation Services Director

P.O. Box 3963
Beaumont, TX 77704
(409) 838-9911

TRAINING AREAS: clerical, cashier, machine operating

TRAINING LEVEL: basic

PLACEMENT AREAS: building maintenance, clerical, cashier, housekeeping, industrial sewing, transportation

POST PLACEMENT SUPPORT: provided for 90 days

DISABILITY AREAS: mobility impairments, seizure disorders, neurological disorders, vision impairments, developmental disabilities, hearing impairments, mental illness

TEXAS

575

PROGRAM ACCENTING COMPETITIVE EMPLOYMENT
Goodwill Industries of Dallas
Patricia Conner
Director of Rehabilitation

2800 North Hampton Road
Dallas, TX 76212
(214) 638-2800

TRAINING AREAS: provides placement only

TRAINING LEVEL: provides placement only

PLACEMENT AREAS: assembly, building maintenance, clerical, domestic service, electrical, food service, horticulture, housekeeping, labor, machine maintenance, packaging, recreation, secretarial, stock handling, transportation

POST PLACEMENT SUPPORT: provided for 3 months, minimum

DISABILITY AREAS: mobility impairments, seizure disorders, neurological disorders, vision impairments, developmental disabilities, hearing impairments, mental illness

576

VOCATIONAL REHABILITATION PROGRAM
El Centro College
Leslie Skibell
Program Director

Main & Lamar
Suite 604
Dallas, TX 75202
(214) 746-2413

TRAINING AREAS: clerical, career development

TRAINING LEVEL: basic to intermediate

PLACEMENT AREAS: clerical, computers, domestic service, education, food service, housekeeping, secretarial, stock handling

POST PLACEMENT SUPPORT: provided for 1 year

DISABILITY AREAS: mobility impairments, seizure disorders, neurological disorders, vision impairments, developmental disabilities, hearing impairments, mental illness

577

MAINSTREAM, INC.
Larry A. Underwood
Regional Manager

717 North Harwood
Suite 1070
Diamond Shamrock Building
Dallas, TX 75201
(214) 969-0118

TRAINING AREAS: provides placement only

TRAINING LEVEL: provides placement only

PLACEMENT AREAS: building maintenance, clerical, computer programming, medical/health, secretarial, transporation, accounting, business

POST PLACEMENT SUPPORT: N/A

DISABILITY AREAS: mobility impairments, seizure disorders, neurological disorders, vision impairments, developmental disabilities, hearing impairments, mental illness

TEXAS

578

PROJECTS WITH INDUSTRY
Patricia Conner
Director of Rehabilitation

2800 North Hampton Road
Dallas, TX 75212
(214) 638-2800

TRAINING AREAS: building maintenance, housekeeping

TRAINING LEVEL: basic, 8-10 weeks

PLACEMENT AREAS: provides training only

POST PLACEMENT SUPPORT: provides training only

DISABILITY AREAS: seizure disorders, neurological disorders, vision impairments, developmental disabilities, hearing impairments, mental illness

579

DISABLED WORKERS PROGRAM
International Association of Machinists
Priss Abell
Area Coordinator

555 Grants Lane
Fort Worth, TX 76108
(817) 246-2441

TRAINING AREAS: assembly, building maintenance, clerical, computers, domestic service, education, electrical, food service, horticulture, housekeeping, labor, machine maintenance, machine operating, medical/health, packaging, recreation, secretarial, stock handling, transportation

TRAINING LEVEL: basic

PLACEMENT AREAS: assembly, building maintenance, clerical, computers, domestic service, education, electrical, food service, horticulture, housekeeping, labor, machine maintenance, machine operating, medical/health, packaging, recreation, secretarial, stock handling, transportation

POST PLACEMENT SUPPORT: provided for 60-90 days

DISABILITY AREAS: mobility impairments, seizure disorders, neurological disorders, vision impairments, developmental disabilities, hearing impairments, mental illness

TEXAS

580

GOODWILL INDUSTRIES OF FORT WORTH
Loveta Eastes
PWI Coordinator

P.O. Box 1408
Fort Worth, TX 76102
(817) 332-7866

TRAINING AREAS: building maintenance, clerical, computers, food service

TRAINING LEVEL: basic to intermediate, 4 months

PLACEMENT AREAS: assembly, building maintenance, clerical, computers, food service

POST PLACEMENT SUPPORT: provided for 60 days, minimum

DISABILITY AREAS: mobility impairments, seizure disorders, neurological disorders, vision impairments, developmental disabilities, hearing impairments, mental illness

581

CAREER CENTER FOR THE VISUALLY IMPAIRED
The Lighthouse of Houston
Gibson M. DuTerroil
President

3530 West Dallas
P.O. Box 13435
Houston, TX 77219-3435
(713) 527-9561 Ext. 220

TRAINING AREAS: assembly, building maintenance, clerical, computers, education, food service, horticulture, housekeeping, machine maintenance, machine operating, medical/health, packaging, recreation, secretarial, stock handling

TRAINING LEVEL: basic to advanced

PLACEMENT AREAS: assembly, building maintenance, clerical, computers, education, food service, horticulture, housekeeping, machine maintenance, machine operating, medical/health, packaging, recreation, secretarial, stock handling

POST PLACEMENT SUPPORT: provided on job site

DISABILITY AREAS: vision impairments, hearing impairments

TEXAS

382

OUSTON AREA DISABLED WORKER PROGRAM
luman Resources Development Institute
Jerry Evans
Placement Specialist

3613 Austin Street
P.O. Box 1390
Houston, TX 77251
(713) 527-0711

TRAINING AREAS: job seeking skills, individual self-directed

TRAINING LEVEL: basic

PLACEMENT AREAS: assembly, building maintenance, clerical, computers, education, food service horticulture, housekeeping, machine maintenance, machine operating, medical/health, packaging, recreation, secretarial, stock handling

POST PLACEMENT SUPPORT: provided from 60 days to 6 months

DISABILITY AREAS: mobility impairments, seizure disorders, neurological disorders, vision impairments, developmental disabilities, hearing impairments, mental illness

383

SPECIAL SERVICES
Cedar Valley College
James Handy
Special Services Director

3030 North Dallas Avenue
Room C 242
Lancaster, TX 75134
(214) 372-8119

TRAINING AREAS: clerical, computers, machine maintenance, secretarial, commercial music

TRAINING LEVEL: basic to advanced, 1-2 years

PLACEMENT AREAS: clerical, computers, horticulture, machine maintenance, machine operating, secretarial, transportation

POST PLACEMENT SUPPORT: provided for 3 months by telephone and mail

DISABILITY AREAS: mobility impairments, seizure disorders, neurological disorders, vision impairments, developmental disabilities, hearing impairments, mental illness

TEXAS

584

TRAINING AND PLACEMENT SERVICE (TAP)
Epilepsy Foundation of America
Randy Batiste
Employment Specialist

1017 North Main Street
Suite 220
San Antonio, TX 78212
(512) 225-4547

TRAINING AREAS: job seeking skills

TRAINING LEVEL: basic to advanced, 3 months

PLACEMENT AREAS: assembly, building maintenance, clerical, computers, domestic service, education, electrical, food service, horticulture, housekeeping, labor, machine maintenance, machine operating, medical/health, packaging, recreation, secretarial, stock handling, transportation

POST PLACEMENT SUPPORT: provided at 30-90-180-365 days

DISABILITY AREAS: seizure disorders

585

JOB-LEAD
James F. Clapp
Executive Director

1119 North Street
San Antonio, TX 78215
(512) 299-7007

TRAINING AREAS: provides placement only

TRAINING LEVEL: provides placement only

PLACEMENT AREAS: assembly, building maintenance, clerical, computers, domestic service, education, electrical, food service, horticulture, housekeeping, labor, machine maintenance, machine operating, medical/health, packaging, secretarial, stock handling, transportation

POST PLACEMENT SUPPORT: N/A

DISABILITY AREAS: mobility impairments, seizure disorders, neurological disorders, vision impairments, developmental disabilities, hearing impairments, mental illness

TEXAS

16

EHABILITATION SERVICES
oodwill Industries
ethel Daniel
man Services Director

338 Pleasanton Road
an Antonio, TX 78221
512) 924-8581

TRAINING AREAS: assembly, education, electrical, food service, housekeeping, packaging, stock handling

TRAINING LEVEL: basic

PLACEMENT AREAS: assembly, education, electrical, food service, housekeeping, packaging, stock handling

POST PLACEMENT SUPPORT: provided from 30-90 days, individualized

DISABILITY AREAS: mobility impairments, seizure disorders, neurological disorders, vision impairments, developmental disabilities, hearing impairments, mental illness

37

OUTHWEST CENTER FOR THE HEARING IMPAIRED
teve Sligar
irector

487 Whitby Road
an Antonio, TX 78240
512) 699-3311

TRAINING AREAS: assembly, building maintenance, food service, housekeeping, labor, machine operating, packaging

TRAINING LEVEL: basic, 6-12 months

PLACEMENT AREAS: assembly, building maintenance, domestic service, food service, housekeeping, labor, machine operating, packaging

POST PLACEMENT SUPPORT: individualized

DISABILITY AREAS: hearing impairments

TEXAS

588

PROJECT PASSAGE
Klein Independent School Program
E. Eileen Humphrey
Director

7200 Spring-Cypriss Road
Spring, TX 77379
(713) 376-4180

TRAINING AREAS: provides placement only

TRAINING LEVEL: provides placement only

PLACEMENT AREAS: assembly, building maintenance, food service, horticulture

POST PLACEMENT SUPPORT: N/A

DISABILITY AREAS: mobility impairments, developmental disabilities

APPENDIX 7

EMPLOYEE PROTECTION PLAN MATERIALS

Texas Planning Council
for Developmental
Disabilities

118 East Riverside Drive, Austin, Texas 78704
(512) 445-8867 TDD (512) 445-8004
Roger A. Webb, Executive Director

Lee Veenker, Chairman
Debbie Francis, Vice-Chairman

March 20, 1986

Jaylon Fincannon
Deputy Commissioner for
Mental Retardation Services
Texas Department of Mental
Health and Mental Retardation
P.O. Box 12688
Austin, Texas 78711

Dear Mr. Fincannon:

As we discussed at the Council meeting March 14, I would appreciate your assistance in developing an appropriate employee protection plan provision for the FY 1987-89 Texas State Plan for Persons with Developmental Disabilities.

The Developmental Disabilities Act of 1984 (P.L. 98-527) requires the Council to comply with various provisions of the law so that Texas may participate in the program. Specifically, each state planning council must have a state plan which includes various provisions and assurances. With regard to employee protection, Section 122(b)(6)(B) requires that:

> "(B) The plan must provide for fair and equitable arrangements (as determined by the Secretary after consultation with the Secretary of Labor) to protect the interests of employees affected by actions under the plan to provide alternative community living arrangement services, including arrangements designed to preserve employee rights and benefits and to provide training and retraining of such employees where necessary and arrangements under which maximum efforts will be made to guarantee the employment of such employees."

Attachment 1 contains the full text of Section 122, which stipulates the requirements for submission and approval of state plans. Attachment 2 contains a succinct overview of employee protection excerpts quoted from federal law and regulations reproduced from the publication Developmental Disabilities Councils and Employee Security for Institutional Employees: An Introductory Guidebook, developed by the National Association of Developmental Disabilities Councils Task Force on Employee Protection.

Very briefly, the Texas Planning Council must be able to demonstrate an effort to address employee protection concerns on behalf of employees working in state institutions who may be adversely affected by Council efforts to provide

alternative community living arrangement services in the state. We see our efforts to support the movement of individuals to community settings by the Texas Department of Mental Health and Mental Retardation as the area most related to this requirement. We would therefore like to receive copies of current Department rules and/or Board policies relating to employee protection. In addition, we would like to discuss with you some of our thoughts regarding fair and equitable treatment of state employees, and some suggestions for a proactive Department stance in this important area.

As additional background information, we are enclosing materials previously sent to us by the Department in response to requests for information. Attachment 3 is the FY 1987 TDMHMR Report on Proposed Use of Alcohol, Drug Abuse and Mental Health Block Grant funds sent in response to our request for employee protection policy for the FY 1987-89 State Plan. The assurance corresponding to Section 1915(c)(13) relates to employee protection of workers in mental health services programs funded through the block grant. Attachment 4 contains the material and information supplied by the Department and used by the Council for the FY 1984-86 Developmental Disabilities State Plan.

We would like to discuss this matter further at your earliest convenience. Thanks in advance for your assistance.

Sincerely,

Roger A. Webb

Roger A. Webb
Executive Director

RAW/RD/rp

Attachments

cc: Texas Planning Council
Executive Committee
DD Program Consultants

Texas Department of Mental Health and Mental Retardation
Central Office
P.O. Box 12668 • Austin, TX 78711-2668 • (512) 454-3761

Gary E. Miller, M.D.
Commissioner

May 6, 1986

Mr. Roger A. Webb
Executive Director
Texas Planning Council
for Developmental Disabilities
118 East Riverside Drive
Austin, Texas 78704

Dear Mr. Webb:

You recently requested assistance from the Department in meeting the Council's required provision in its FY 1987-88 State Plan for employee protection during client movement to alternative community living arrangements. As I understand your request, this letter should describe actions the Department will be taking to address employee interests affected by a reduction in the census at our state institutions.

Enclosed is a copy of the Department's rules governing staffing realignment and workforce reduction. This statement of policy and procedures includes the considerations the Department will take to protect personnel employment, to reduce workforce in a fair and orderly manner, and to assist employees terminated under a workforce reduction plan. I have also enclosed copies of recent internal memoranda that require state school superintendents and state center directors to obtain written approval from either the Commissioner or Director of Operations of all plans to reduce personnel or place employees on a temporary, involuntary, separation status prior to implementation.

The assistance the Department would like to offer to employees separated under a workforce reduction to find new employment is limited by current statutory provisions. For example, currently employees of a state facility cannot transfer participation in the state retirement system or other benefits to employment at a community MHMR center. The Department has initiated efforts to explore possibilities for changes in these statutory limitations.

The Department is currently reviewing all policies and procedures regarding employee protection. We are certainly interested in developing procedures to ensure employees have opportunity to take advantage of any job vacancies for which they are qualified within the Department, in the community MHMR system, in other state agencies, and within the private sector.

Equal Opportunity/Affirmative Action Employer

As the Department accomplishes further actions that will supplement the enclosed rules, I will be happy to share these with you. We look forward to working with you on this matter in the future.

Sincerely,

Jaylon Fincannon by Rosa García

Jaylon Fincannon
Deputy Commissioner
Mental Retardation Services

JF/RG/dt
Enclosures

cc: Gary E. Miller, M.D., Commissioner
Wesley L. Hjornevik, Director of Operations

Texas Department of Mental Health and Mental Retardation
Central Office
P.O. Box 12668 • Austin, TX 78711-2668 • (512) 454-3761

Gary E. Miller, M.D.
Commissioner

May 27, 1986

RECEIVED
JUN 04 1986
TPCDD

Mr. Roger Webb, Executive Director
Texas Planning Council
for Developmental Disabilities
118 East Riverside Drive
Austin, Texas 78704

Dear Mr. Webb:

Enclosed is the Texas Department of Mental Health and Mental Retardation's most recent directives to the Department's facilities concerning personnel actions as a result of work force reduction requirements. This enclosure augments the information I submitted to you via my May 6, 1986, letter.

I believe that this material is self-explanatory, but should you have any questions, please do not hesitate to contact me. As you will see, the Department is moving quickly to formalize policies and procedures that provide employees options that are equitable and protective during the very difficult process of a RIF.

We will provide you further information about the Department's employee protection procedures as that information becomes available. We appreciate the Council's efforts to support the Department in this matter.

Sincerely,

Jaylon Fincannon
Deputy Commissioner
Mental Retardation Services

JF/RG/dt
Enclosure

cc: Gary E. Miller, M.D., Commissioner
Wesley Hjornevik, Director of Operations

Equal Opportunity/Affirmative Action Employer

Texas Department of Mental Health and Mental Retardation
Central Office
P.O. Box 12668 • Austin, TX 78711-2668 • (512) 454-3761

Gary E. Miller, M.D.
Commissioner

May 16, 1986

TO: Superintendents and Directors
All State Facilities

Management and Program Staff
Central Office

FROM: Gary E. Miller, M.D.
Commissioner

SUBJECT: Workforce Reduction and Employee Retention

Recent program redirections, fiscal adjustments, and administrative directives have necessitated the reduction of positions in various areas of our operations. Attrition and restructuring of positions have not been sufficient to preclude reductions in force by those methods alone. To conserve the valuable human resources this Department possesses in its employees, additional meaningful efforts must be made to retain our employees during this period of adjustment and change.

Two actions are being taken to lead us to that goal. First, a group of policies and procedures on retention are to become effective immediately and are attached (Attachment I). Second, new staffing realignment and workforce reduction policies and procedures are proposed and are attached (Attachment II).

The directives on retention of employees during workforce reductions outline specific actions on the following subjects:

- Internal transfers within facilities
- Transfers between state facilities and Central Office
- Placement of TDMHMR employees in community MHMR center employment
- Placement of TDMHMR employees in other provider employment

Community MHMR center cooperation is requested in the placement of TDMHMR employees to be reduced in force.

The proposed staffing realignment and workforce reduction policies and procedures provide for a rating and ranking system to be combined with seniority in the selection of individuals to be reduced in force. Also, reorganization is defined as relates to workforce reduction. Certain outplacement activities are authorized. The procedure is submitted for your review and comment. Please send your comments to Jim Harris, Director of Training and Staff Resources at

GEM/JLH/MFW01/03

Equal Opportunity/Affirmative Action Employer

Central Office, by June 30, 1986. You may use either this proposed system or the current staffing realignment and workforce policies and procedures contained in the personnel manual but not both within the same facility at the same time. However, reduction-in-force plans currently being implemented may be utilized until they are completed if you are converting to the new system.

Thank you for your cooperation in these matters.

Attachments

GEM/JLH/MFW01/03

RETENTION OF EMPLOYEES DURING WORK FORCE REDUCTIONS

Policy	To recognize its responsibility to employees affected by work force reduction and to conserve the valuable human resources this agency possesses, it shall be the policy of the Department that meaningful efforts will be made to retain such employees.
Description of Actions	These efforts may include transfers and reassignments without job posting within or between the facilities and Central Office. Further actions will be considered, such as inclusion of employee transfers in contracts with community MHMR centers and private providers or other efforts.
Procedures	Procedures have been developed which outline the specific actions to be taken to maximize efforts to retain employees in service to persons in need of mental health or mental retardation services. o Internal transfers within a facility o Transfers between state facilities and Central Office o Placement of TDMHMR employees in community MHMR centers employment o Placement of TDMHMR employees in other provider employment

RETENTION OF EMPLOYEES DURING WORK FORCE REDUCTIONS

PROCEDURES FOR TRANSFERS WITHIN A FACILITY

Overview	Employees whose positions are scheduled for reduction in force actions shall be reassigned to vacancies, within a facility, in positions for which they qualify or may qualify after a short period of training or retraining.
Placement Within a Facility	Employees scheduled for reduction in force or affected by reorganization actions may be transferred to positions, regular vacancies, within the facility for which they are suitable. No job posting or bidding shall be required if no promotion is involved. This may also entail lateral transfer or reassignment of other employees to facilitate these actions.
Authority	The superintendent or director of a state facility or designee(s) may reassign employees as he or she determines to be appropriate.

RETENTION OF EMPLOYEES DURING WORK FORCE REDUCTIONS

PROCEDURES FOR TRANSFERS BETWEEN FACILITIES AND CENTRAL OFFICE

Overview	Employees whose positions are scheduled for reduction in force actions and cannot be transferred to other positions within their own facilities or Central Office, may be transferred to suitable openings within other facilities or Central Office.
Approval to Fill Vacancies	The approval of the Director of Operations or the Commissioner is required to fill any vacancy in the Department with the exception of the MHMR Series, Psychiatric Security Series and Non-charge LVN's assigned to state hospitals. The Director of Operations or the Commissioner may decide to place an individual in the position rather than approve to fill (see Internal Placement below).
Notification of Openings to Central Office	State facilities shall forward listings of all vacancies approved to be filled in pay groups 12 through 21 and exempt to the Central Office Director of Employment Services in the Department Personnel Unit. This notice shall include the minimum qualifications and other application information. This action shall take place prior to any local posting. Notices should be sent as far in advance as is possible. The Central Office shall be the official posting location.
Applicant and Position Availability Notices	The Director of Employment Services in Central Office, Department Personnel, shall prepare semi-monthly, or as needed, notices of applicants and positions available. These notices shall be distributed to all state facility and community MHMR center personnel offices.
Internal Postings	The Central Office Department Personnel unit may restrict applications to current TDMHMR employees.
Internal Placement	The appropriate Deputy Commissioner, Director of Operations, or the Commissioner may direct the filling of a position with an employee scheduled for a reduction in force action, or a current employee, without job posting or bidding.
Placement of Employees in Pay Groups 02 through 11	Employees in pay groups 02 through 11 scheduled for reduction in force action will be requested by their personnel office to indicate other state facilities or community MHMR centers at which they would find employment suitable. This information, with a current application for employment and/or resume, will be

RETENTION OF EMPLOYEES DURING WORK FORCE REDUCTIONS

forwarded to the desired state facility or community MHMR center. The following actions shall take place:

- State facilities shall maintain a pool of such applicants and fill positions in these pay groups from qualified applicants in this pool prior to employment of outside applicants. The appropriate deputy commissioner, the Director of Operations or the Commissioner may direct the placement of employees to be reduced in force.

- Community MHMR centers shall be requested to give priority consideration for employment to these individuals.

Placement of Employees in Pay Groups 12 through 21 and Exempt

Employees in pay groups 12 through 21 and exempt who are also scheduled for reduction in force action will be requested by their personnel office to indicate if they are interested in a transfer to other facilities.

A current application for employment, and/or resume, shall be forwarded to the Central Office Director of Employment Services in Department Personnel, who will maintain this as a pool of applicants. Notification to Central Office should be made at the earliest possible time.

- State facilities shall hire from current employees or applicants from this pool of employees to be reduced in force, if qualified, prior to consideration of applicants outside the Department. Applicants will remain active in this pool for one year after separation due to reduction in force. No outside applicants shall be hired if qualified in- house employees are available. Exceptions to this procedure will be permitted in unusual circumstances. Approval of the Director of Operations or the Commissioner will be required.

- Community MHMR centers shall be requested to utilize the Central Office pool of applicants prior to employing any outside applicants.

Interviewing Expenses

The facility where an employee is currently stationed or the facility where the employee is to be interviewed may pay travel and per diem expenses.

Moving Expenses

Moving expenses shall be furnished. This shall be paid by the receiving facility. This shall not exceed actual expenses or $1,500.00, whichever is the lower cost.

RETENTION OF EMPLOYEES DURING WORK FORCE REDUCTIONS

PLACEMENT OF TDMHMR EMPLOYEES IN COMMUNITY MHMR CENTERS

Policy

Contracts with community MHMR centers should specify that movement of programs and clients from state facilities to community MHMR centers shall include provision for employment of TDMHMR employees whose positions would be reduced in force by this transfer, provided these actions would not displace current community center employees.

In addition, it is to be requested of local community centers by facilities losing employees that other TDMHMR employees to be reduced in force be given preferential treatment in selection over outside applicants.

Conditions of Transfer

Community MHMR centers are requested to employ TDMHMR employees under the following conditions:

- Employment may be on a probationary status although permanent status would be preferred.
- Salary rates may be less than currently earned, but the same rate would be preferred. In any event, salary rates shall be commensurate with local rates at a minimum.
- Moving expenses are to be paid where possible.

RETENTION OF EMPLOYEES DURING WORK FORCE REDUCTIONS

PLACEMENT OF TDMHMR EMPLOYEES WITH PRIVATE PROVIDERS

Policy	Contracts with private providers, including independent school districts, should specify that movement of programs and clients from state facilities to private providers shall include provisions for employment of TDMHMR employees, if possible, whose positions would be reduced in force.
Conditions of Employment	Private providers contracting with TDMHMR shall be requested to employ Department employees under the following conditions: o Salary rates to be paid should be the same as currently paid but may be less if not lower than other private provider employees in similar positions. o Annual paid vacation leave, sick leave and group health benefits should be provided. o Other TDMHMR employees to be reduced in force should be given preferential treatment in hiring.

PERSONNEL MANUAL
3.112--SEPARATIONS, SUSPENSIONS AND DEMOTIONS

11. Introduction to Staffing Realignment and Work Force Reduction

Policy

As a result of business necessity, program redirection, or related justifications, administrative actions may be taken to reduce the number of budgeted positions and/or facility and Central Office employees. Facility and Central Office staff should establish and maintain long range planning to avoid work force reductions. Identification of positions to be deleted (redlined) should be taking place six months to one year in advance.

A key management concern will be to achieve targeted staffing levels in the least disruptive manner to the delivery of client services and affected employees.

Preliminary Actions

Prior to consideration of a reduced level of staffing, judgments shall be made as to the suitability of alternative actions.

These following actions shall be considered in a sequence locally determined to be appropriate:

- o Delay of capital outlay purchases,
- o Reduction of other suitable operating expenses,
- o Reassignment of employees in less critical functions to more critical areas,
- o Reduced but selective hiring of new employees,
- o Cessation of all hiring of new employees,
- o Delay of merit salary increase awards or
- o Other similar budgetary efforts.

Notice to Employees

Employees who are:

- o To be reduced in force,
- o To have their percent of time worked changed or
- o To receive other actions selected related to the reduction of staffing levels,

Continued

11. Introduction to Staffing Realignment and Work Force Reduction (Continued)

Notice to Employees (Continued)

shall receive written notice prior to such actions. This notice shall be given 30 days in advance of the proposed action.

Note: Other actions may include performing responsibilities outside the employee's position description and/or state classification for up to 90 days.

Eligibility for Grievance

Employees against whom actions are taken as a result of staffing realignment or work force reductions shall not be eligible to file a grievance through the departmental grievance procedure.

Exception: Veterans and reservists reemployed under Chapter 43 of Part III of Title 38, U.S. Code, may not be terminated after reemployment for designated periods of time (one year for reemployed veterans and six months for reservists) unless discharged for cause or reduced in force in an action that reaches him or her in seniority. During these periods of time, reemployed veterans and reservists who lose their seniority ranking because of a "below standard" performance evaluation shall be entitled to a grievance hearing.

Waiver of Requirements

If the process of staffing realignment and work force reduction involving temporary leaves requires a voluminous amount of personnel actions or applications for approval of leave, waivers of documentation and paperwork requirements may be requested.

Example: The requirement that a Personnel Action, Form P-2, be prepared for a leave of absence for employees in temporary lay-off situations could be waived and the actions processed on special payroll transactions.

Content

The following pages present information on the following topics:

- o Staffing Realignment
- o Work Force Reduction

PERSONNEL MANUAL
3.112--SEPARATIONS, SUSPENSIONS AND DEMOTIONS

12. Staffing Realignment

Definition

Staffing realignments are management attempts to lower the cost of personal services without permanently separating employees from the work force.

Types of Staffing Realignments

Various approaches to staffing realignment may be taken which do not require prior approval from Central Office. However, these approaches shall be considered in the following order:

Step	Action
1	Reductions in the percent of time worked or temporary separations from the work force for a definite period of time of up to 12 months. This shall be on a voluntary basis for some or all employees.
2	Reductions in the percent of time worked or temporary separations from the work force for an indefinite period of time of up to 12 months. This shall be on voluntary basis for some or all employees.

Involuntary LWOP - Consideration of

Involuntary reductions in the percent of time worked or temporary separations from the work force for a period of time not to exceed three months shall be considered only in very unusual circumstances involving temporary situations or to fine tune work force reduction actions. Involuntary leave without pay for work force reduction actions must have Central Office approval of the local plan for such actions.

Submission of the Plan

The involuntary LWOP plan will be submitted to the appropriate Deputy Commissioner's office with copies for the following persons:

- o Commissioner,
- o Director of Operations, and the
- o Director of Training and Staff Resources.

12. Staffing Realignment (Continued)

Approval of the Plan	The involuntary LWOP plan will be approved within ten days of submission by the: o appropriate Deputy Commissioner, o Director of Operations, and the o Commissioner. The Director of Training and Staff Resources may provide consultation in this process.

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3.112--SEPARATIONS, SUSPENSIONS AND DEMOTIONS

13. Work Force Reduction: Overview

Definition	Work force reductions are attempts to lower the cost of personnel by permanently separating employees, on an involuntary basis, from the work force. For purposes of this definition "permanent" means longer than three months.
Required Plan for Work Force Reduction	Prior to any involuntary separation of employees from the work force for longer than three months because of Reductions-in-Force (RIF), a written plan shall be developed by the facility or Central Office division or section.
Submission of the Plan	The Reduction-in-Force plan will be submitted to the appropriate Deputy Commissioner's office with copies for the following persons: o Commissioner, o Director of Operations, and the o Director of Training and Staff Resources.
Approval of the Plan	The Reduction-in-Force plan will be approved within ten days of submission by the: o appropriate Deputy Commissioner, o Director of Operations, and the o Commissioner. The Director of Training and Staff Resources may provide consultation in this process.
Contents of the Plan	A Reduction-in-Force plan will include the following elements: o a description of all preliminary actions taken to reduce costs and a statement of the cost savings achieved,

Continued

13. Work Force Reduction: Overview (Continued)

Contents of the Plan (Continued)

- a description of the advance planning and position redlining actions,
- a listing on form RIF-1 of the positions to be deleted under the RIF plan,
- A targeted date for the RIF to occur,
- copies of samples of notices which will be sent to staff concerning the RIF process in general and/or their status in particular, and
- a press release containing an overview of the plan.

Reinstatement and Reemployment

Employees who are separated from employment with the Department may be reinstated to his/her position and may be paid at any pay step in the salary group up to and including the pay step held in the former position at the time of termination. Sick leave may be reinstated if employees return to work within six months.

Employment References for Employees Meeting Performance Standards

References given prospective employers of employees who meet or exceed their performance standards and are reduced in force or seeking other employment because of actions taken for staffing realignment and work force reduction are recommended to state:

> "This employee was reduced in force or separated because of other actions relating to staffing realignment and work force reduction. He or she was selected for such reduction based upon the need by this department for certain types of knowledges, skills, and abilities at a specific time and place and his or her seniority. These actions were not based upon this individual employee's productivity or performance."

Employment References for Employees Not Meeting Performance Standards

References given prospective employers of employees who do not meet or exceed their performance standards and are reduced in force are recommended to state:

> "This employee was reduced in force or separated due to other actions relating to staffing realignment and work force reduction."

RIF-1

Activity Account #	Classification	Position #	Group	Employee Name

PERSONNEL MANUAL
3.112--SEPARATIONS, SUSPENSIONS AND DEMOTIONS

14. Work Force Reduction: Components

General Description

A work force reduction consists of the identification and deletion of positions which the facility or Central Office will not utilize in order to conserve funds. Such a reduction will be accomplished by targeting specific positions and then grouping each position with positions to be retained within the same functional hierarchy. Persons in lateral and/or non-lateral groupings (lateral and non-lateral referring to pay grade, see page 27) will then apply for the positions to be retained. Staff who are not selected will be placed in a pool for preferential hiring into posted vacant positions.

Components of a Work Force Reduction

In implementing a work force reduction the following steps will be adhered to:

Step	Action
1	Identify positions, not people, to be deleted (redlining may occur six months to one year or more in advance).
2	Reassign persons in positions to be deleted to similar/same pay grade positions in the functional hierarchy which are currently vacant and which are not targeted for deletion.
3	Identify and group positions in lower pay grades which are within the same functional hierarchy as the targeted position and which are not being deleted (see page 24).
4	Notify all persons in these positions that they are affected by the work force reduction.
5	Complete the screening process to select who gets the remaining jobs.
6	Maintain a pool of persons not selected for positions for other vacancies approved for posting.

PERSONNEL MANUAL
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14. Work Force Reduction: Components (Continued)

Rule	Each facility and Central Office will maintain a current set of functional hierarchies for all positions on the Personal Services Schedule.
Definitions	Classification is the job title in which a position is listed in the State Classification Act and in the Appropriations Bill. Classification hierarchy is the sequencing of positions within the state classification title series (e.g. Caseworker III, Caseworker II, Caseworker I). Functional hierarchy is the sequencing of positions of work-related skills, abilities, level of duties and responsibilities, independent of job classification, (e.g. Unit Operations Manager, Shift Supervisor, Wing Coordinator, Direct-Care Worker).

PERSONNEL MANUAL
3.112--SEPARATIONS, SUSPENSIONS AND DEMOTIONS

15. Work Force Reduction: Identifying Positions

Purpose	A work force reduction is intended to reduce the cost of personnel while minimizing the impact on service delivery.
Identifying Positions	Positions to be deleted will be selected without consideration of the person in the position. The following factors should be considered when identifying positions to be deleted: o Relationship of service provided to the health and safety of the clients. o Relationship of service provided to maintaining or improving the programming provided to clients. o Laws, regulations, standards, rules, etc. requiring or governing the provision of the service. o Changes in the size and/or needs of the population served. o Results of reassigning, combining or deleting the service(s) provided by a position.
Comment	Ability to discuss these factors may be necessary if an employee attempts to prove that his/her position was deleted in order to end his/her employment.

PERSONNEL MANUAL
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16. Work Force Reduction: Reassignment

Purpose	Whenever possible, persons in positions which are targeted to be deleted will be reassigned to vacant positions in the functional hierarchy to minimize disruption to service delivery and any negative impact on the employee.
Retention of Pay	Whenever possible, reassignments will be done in a manner which does not cause the employee to have a reduction in salary.

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17. Work Force Reduction: Creation of RIF Groups

Purpose	RIF (Reduction-in-Force) Groupings consist of positions which are to be retained, but which are in the functional hierarchy of a position or positions which are targeted to be deleted. These groupings are then utilized to identify persons who will apply for the remaining positions.
Definition	Lateral RIF Groupings include all positions of the same pay grade within the same functional hierarchy as the position targeted to be deleted. Non-lateral RIF Groupings include positions at a lower pay grade within the same functional hierarchy as the position targeted to be deleted.
Rule	Non-lateral RIF Groupings are used only if there is not a Lateral RIF Grouping or personnel have not been placed after the screening process within a Lateral RIF Grouping.

PERSONNEL MANUAL
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18. Work Force Reduction: Notification of Persons Affected by the RIF

Purpose	All persons affected by the RIF, whether they are in positions targeted for deletion or in a lateral or non-lateral RIF grouping, will be notified as soon as possible of this status, preferably six months to one year in advance.
Recommended Form Letters	Employees whose positions are redlined shall receive the first form letter or a close facsimile. Employees who are to be reduced in force shall receive the second form letter or close facsimile. (See Attachments)

DRAFT

Texas Department of Mental Health and Mental Retardation
Central Office
P.O. Box 12668 • Austin, TX 78711-2668 • 512/454-3761

[illegible] M.D.
Commissioner

POSITION REDLINING LETTER

TO: _____

FROM: _____

DATE: _____

SUBJECT: Notice of Identification of Positions to be Deleted (Redlined)

The Department, in response to program redirection, fiscal adjustments and administrative directives, must vary the personal services provided. This may occasionally require the modification or elimination of certain programs, functions and positions. Realizing the need to conserve the valuable human resources the Department possesses and in the interest of fair and equal treatment, advance planning is being made to move employees out of positions scheduled for deletion.

Generally, attrition and turnover provide enough job vacancies to allow for an easy move of employees to other positions not scheduled for deletion. Even when this is not possible, and some employees are to be reduced in force, the employee in the position to be deleted will not necessarily be the employee to be separated. Our work force reduction policy is based on a determination of needed knowledges, abilities and skills, along with evaluation of qualifications and time with the Department.

You are in a position scheduled to be deleted (redlined). Your supervisor will be speaking with you concerning other possibilities for assignment and the timing and actions to follow. Feel free to contact the personnel office for answers to any questions you may have. It is not anticipated that your position will be deleted prior to _____. However, you may be asked to transfer to another position not scheduled for deletion prior to that date. If you become one of our employees who is to be reduced in force, you will be notified.

Thank you for your understanding.

Equal Opportunity/Affirmative Action Employer

DRAFT

Texas Department of Mental Health and Mental [illegible]
Central Office
P.O. Box 12668 • Austin, TX 78711-2668 • 512/[illegible]

REDUCTION IN FORCE LETTER

TO: VFIRST_NAMEV VLAST_NAMEV

FROM: VDIRECTORV, VTITLEV

DATE: _____

SUBJECT: Notice of Possible Deletion of Position or Impact by the Work Force Reduction

After closely examining our Division's current and projected budgetary status for the _____ fiscal year, the Executive Committee has determined that your position may be deleted or affected by these changes effective on or before _____. We regret that any of our employees should have to be impacted in this manner, but the business necessities that we have, have required these decisions. It is the facility's desire to try to retain you as an employee and we will assist you as much as possible in locating a position with _____.

The options, if any, that we may outline to you will depend on several factors. Some of these factors are:

- o your current position,
- o the knowledges, skills and abilities you possess,
- o your length of total employment with the Texas Department of Mental Health and Mental Retardation,

It is your responsibility to contact _____ at extension ____ to schedule a time to meet with Personnel Department staff.

You are encouraged to make every effort to take care of this matter quickly. Your promptness or time of meeting with the Personnel Department staff will not minimize or increase the options available to you. Decisions will not be made on a "first come, first serve" basis. However, you must contact _____ by _____, to set up your meeting time.

In certain cases, you will have three working days from the receipt of information on your specific options to notify me through the Personnel Department by completion of the required forms of your decision regarding exercising the options you may have. You will receive more specific information on this when you are counseled on your options. If you do not notify me of your decision as required, then any options you may have had will be cancelled and the facility will have no further obligation to you.

Equal Opportunity/Affirmative Action Employer

¥FIRST_NAME¥ ¥LAST_NAME¥

Page 2

Again, let me say that I regret that these events have had to happen and hope that we will be able to retain you as an employee. Thank you for your cooperation.

¥DIRECTOR¥

PERSONNEL MANUAL
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19. Work Force Reduction: Completing the Screening Process

Purpose	Employees affected by the RIF and who are in lateral or non-lateral RIF groupings may apply for positions which are being retained within their RIF grouping.
Rule	Managers who are screening persons within the RIF process must follow the procedures set forth in the Commissioner's Directive except that all applicants must be interviewed. A completed Job Applicant Comparison Table must be submitted with ranking sheets to the facility Personnel Office before employees can be notified of whether or not they are selected for the retained positions. See Personnel Manual, Section 3.102.12 through 15. Note: Action step 2 of Section 3.102.15, page 28 is to be eliminated.
Determining Who is Selected	A ranking system will be utilized in determining who is selected for retained positions. This ranking system will consist of: o an initial rating utilizing the Job Applicant Comparison Table o multiplied by the number of total TDMHMR months of service. Persons will then be ranked with the top ranked individuals being the ones selected for the retained positions.
Exclusions	Probationary employees may be excluded from the selection process and separated. Employees whose most recent performance evaluation indicates a "below" standards rating shall be considered last in the ranking system after "meets" or "exceeds" standards employees.
Soon to Retire Employees	Employees who are scheduled to retire in the near future may be given additional consideration in this process at the discretion of the facility head.

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Continued

PERSONNEL MANUAL
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19. Work Force Reduction: Completing the Screening Process (Continued)

Procedure for Ranking

These steps outline the actions which will be taken in order to rank persons in the RIF selection process.

Step	Action
1	Complete the interviews and the Job Applicant Comparison Table.
2	List the individuals who have applied in the order rated on the Job Applicant Comparison Table and assign them a number in order of rating with the number "1" (one) being the lowest rating.
3	Multiply each person's rating by the number of total TDMHMR months of service for that person.
4	Tally the products and rank order all applicants from highest score to lowest score.
5	Assign a ranking to each person with the number "1" (one) being the lowest ranking. Rankings of persons above 10 in groups of 11 or more shall be 11 or the median number of the total in the group whichever is higher.

In Case of Identical Scores - First Option

If two or more individuals end up with the same identical scores then amount of total state service will be utilized to determine who has the highest ranking.

Example

Jerry and Mary both scored 440. Since Jerry has 15 years of state service and Mary only has 6 years, then Jerry received the higher ranking.

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19. Work Force Reduction: Completing the Screening Process (Continued)

In Case of Identical Scores - Second Option	If two or more individuals end up with identical scores and identical amounts of total state service, then the individual with the largest amount of community MHMR service will receive the highest ranking.
In Case of Identical Scores - Third Option	If two or more individuals end up with identical scores and identical amounts of total state service and community service then the individual with the largest amount of continuous facility service will receive the highest ranking.
Who is Selected	After the ranking has been determined, then the manager identifies those persons who will be placed in the retained positions.
Example	If there are 20 applicants for 18 positions then the top 18 applicants are placed in the retained positions.
Refusals	If the employee refuses to accept what the Department considers an appropriate position the employee may be reduced in force at a suitable time.
Comment	Every effort should be made to place persons in positions which maintain the same or similar caseload in order to minimize the amount of change and disruption to clients.
Adverse Effect	A review of all anticipated actions for adverse effect by race and sex shall be made.

PERSONNEL MANUAL
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20. Work Force Reduction: Reorganization

Definition	Reorganization is the reconstruction of a unit of operations brought about by business necessity, program redirection, fiscal changes or other factors.
Work Force Reduction During Reorganization	Reorganizations which result in fewer positions normally shall follow work force reduction procedures. However, if the reorganization results in changes which are so significant as to require major new or different knowledges, skills, and abilities for the positions involved, the unit of operations shall be considered a new, added unit. The former unit shall be deleted. Employees shall be considered with other employees whose position have been deleted. The new positions shall be posted under normal regulations.
Determination of Significant Changes	The facility head with the advice of the personnel office shall make the determination as to whether or not major new or different knowledges, skills and abilities are required to the degree to require consideration as a new, added unit. This will be based on an examination of job descriptions prepared for the new positions.

PERSONNEL MANUAL
3.112--SEPARATIONS, SUSPENSIONS AND DEMOTIONS

21. Work Force Reduction: Outplacement Activities

Policy	In the event employees are to be reduced in force, the facility may assist in finding suitable employment for these individuals.
Examples of Activities	Activities to be performed are as follows: o Contacting other state agencies or community MHMR centers concerning openings o Advising employees of employment opportunities o Providing assistance or training in resume writing o Performing liaison activities with the Texas Employment Commission o Related activities

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TDMHMR New Staff Training Modules

PRE SERVICE

*. 10101	Medication Observations	10102 Seizure & Convulsive Disorders
. 10301	Principles of Observation	Moved out of series to Emergency Care
3. 10302	Introduction to PMAB I (Videotape-Module)	Rule, (15 July, 81) w/in 6 mo.
4. 20101	Guidelines for Reporting	
5. 20201	Body Mechanics	
6. 20202	Restraint and Seclusion	
7. 20203	Disaster Planning	
8. 30101	Fundamentals of Client Rights	
9. 30102	*Introduction to Mental Illness	*as appropriate. Alternate is picked up in Spec.I.
10. 30103	*Introduction to Mental Retardation	

SERVICES ASSISTANT

11. 11101	Handwashing	11102 Vital Signs-T.P.R. and
12. 11104	Height & Weight Measurement	11103 Vital Signs-Blood Pressure
13. 11201	Oral Care	Moved to Cont. Ed. (21 Dec.'81 Adkins)
14. 11202	Care of Nails and Hair	
15. 11203	Care of the Eyes, Ears, and Nose.	
16. 11204	Toileting	
17. 11205	Bathing	
18. 11206	The Balanced Diet	
19. 11301	The New Client	11304 PMAB II and
20. 11302	Client Sexuality	11305 PMAB III Videotape-Module.
21. 11303	#Intro. to Behavior Therapy (B.T.-I)	
22. 21101	*Problem Oriented Record Systems-Mental Health	*as appropriate.
23. 21102	*Problem Oriented Record Systems-Mental Retardation	
24. 12103	#Observing and Measuring Behavior (B.T.-II)	#Put in S.A. as of 1 June,'81.
25. 12104	#How to Increase Behavior (B.T.-III)	
. 12105	#How to Decrease Behavior (B.T.-IV)	+++3 mods Cont. Ed. or Spec.I modules+++

SPECIALIST I

27. 12101	Developing Client Independence	
28. 12102	Organizing Client Activities	
29. 22101	Introduction to Managing Skills	
30. 22102	Introduction to Work Area Management	
31. 22103	Interdisciplinary Team Participation (Client Staffing)	
32. 22201	On-the-Job Orientation of New Employees	
33. 22202	How to Train Employees	
34. 22203	Worker Participation and Delegation	
35. 32101	Introduction to Human Growth and Development	Pick up either 30102 or 30103,
36. 32102	Cultural Awareness	whichever was not taken in Orientation
37. 32103	Working With Clients' Family and Visitors	+++3 mods Cont. Ed. or Spec.II mods+++

SPECIALIST II

38. 13101	Supporting Client Activities	
39. 13102	Principles of Client Counseling	
40. 23101	Scheduling Regulations (Shifts and Patterns)	
41. 23102	Inventory Controls	
42. 23103	Worker's Compensation	
43. 22201	Interviewing Prospective Employees	
44. 23202	Position Descriptions	
45. 23203	Performance Standards	+++3 mods Cont. Ed., or Super mods+++
46. 23204	Performance Evaluations	
47. 23205	Introduction to Positive Performance Programs	
48. 33101	Problem Solving	
49. 33102	Matching Needs and Resources	
50. 33103	Utilizing Volunteer Services	
51. 33201	Right to Active Programming, Training or Treatment	
52. 33202	Public Responsibility Committees	

SUPERVISOR

	24101	Functions of Management
...	24102	Leadership Concepts
55.	24103	Interviewing Techniques, Permissible and Impermissible Inquiries
56.	24104	Selection of Qualified Personnel
57.	24105	Guiding Employee Growth
58.	24106	Employee Turnover
59.	24107	Motivation and the Supervisor
60.	34101	State Hospital Programs
61.	34102	State School Programs
62.	24103	Community Service Programs
63.	24104	Referral, Placement, and Admissions

+++3 mods Cont. Ed. per year+++

CONTINUING EDUCATION MODULES

64.	15001	Reality Orientation
65.	15002	Introduction to Psychotherapies
66.	15003	Enemas
67.	15004	Collection of Specimens
68.	15005	Introduction to Feeding (Required for all State School Aides)
69.	15006	Aversive and Special Techniques to Decrease Behavior (B.T.-V)
70.	15007	Special Behavior Therapy Programs (B.T.-VI)
71.	15008	PMAB-IV Videotape+Module
72.	35001	The Down's Syndrome Client
73.	35002	The Profoundly Mentally Retarded Client
74.	35003	Introduction to Alcholism
75.	35004	Introduction to Chemical Dependencies
76.	35005	The Client with Diabetes
77.	45001	Introduccion a la Enfermedad Mental (30102a)
.	45002	Introduccion al Retrazo Mental (30103a)
79.	45003	Elementary Spanish for the English Speaker I
80.	45004	Elementary Spanish for the English Speaker II

SERIES NUMBERS

1----Adaptive Techniques	-0---Aide
2----Managing Skills	-1---S.A.
3----Human Needs and Services	-2---Spec.I
4----Other	-3---Spec.II
	-4---Super
	-5---Cont.Ed.

APPENDIX 8

TEXAS REVIEW AND COMMENT SYSTEM: LETTERS RECEIVED CONCERNING THE FY 1987-89 STATE PLAN FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

ADVOCACY, INCORPORATED

RECEIVED
JUL 07 1986
TPCDD

Advocating the Legal Rights of Developmentally Disabled Texans
Implementing the Client Assistance Program for Rehabilitation Clients

Catherine Dayle Bebee
EXECUTIVE DIRECTOR

July 2, 1986

Mr. Robert E. McPherson
Governor's Office of Budget and Planning
P. O. Box 13561
Austin, Texas 78711

Re: FY 87-89 Developmental Disabilities State Plan
SAI # TX-86-06-16-0001-50

Dear Mr. McPherson:

For the past year I have served as the Governor's appointee to the Developmental Disabilities Council and as a member of the Council's Planning Committee. That committee has had primary oversight responsibility for the development of the State Plan.

I believe the Council and the staff are to be highly commended for producing a State Plan that not only meets the requirements of the federal law but that is also a document chock full of useful and reliable data and information about human services for persons with disabilities in Texas. Robbie Davis is to be especially commended for the high quality of her researching, organizing, and writing skills in bringing this Plan together.

In my review of the Plan, I conclude that it is well-organized, with useful, up-to-date information that I hope will be used by other agencies and individuals in dealing with issues related to services for persons with disabilities. This is especially true of Section 4 of the Plan. I further think that Section 5 of the Plan, dealing with Goals, Objectives and Funding, reveals that the Council has achieved a new level of sophistication and understanding in the setting of its goals and objectives and establishing funding priorities. Indeed, I believe that the partnership between the Council and the Texas Rehabilitation Commission is resulting in the proper and oftentimes exciting uses of the funds for services to persons with developmental disabilities that will truly make a positive difference in their lives and which will further yield useful data and information to the Governor, Legislature, state agencies, and advocates for planning such services in the future.

7700 Chevy Chase Drive, Suite 300 • Austin, Texas 78752
512/454-4816 • Voice or TDD • 1/800 252-9108 Toll Free
EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

I am proud to have had a part in the development of this Plan, and I commend it to the Governor and the state as a product that has significant potential for use by Texas decision-makers in dealing with the difficult issues facing us in state government and funding for human services.

Thank you for this opportunity to offer comments.

Yours very truly,

Dayle Bebee vor

Dayle Bebee
Executive director

DB/vor

cc: Mr. Max Arrell
Ms. Lee Veenker
Mr. Roger Webb

Koger Webb

Texas Department of Mental Health and Mental Retardation
Central Office
P.O. Box 12668 • Austin, TX 78711-2668 • (512) 454-3761

Gary E. Miller, M.D.
Commissioner

July 9, 1986

RECEIVED
JUL 11 1986
TPCDD

TO: Robert E. McPherson
Governor's Office of Budget and Planning

THROUGH: Buddy Matthijetz, Director
Office of Strategic Planning

FROM: Jan Rienstra
Office of Strategic Planning

SUBJECT: Comments on State Plan for Texans with Developmental Disabilities, FY 1987-89
SAI #TX-86-06-16-0001-50

The goals and objectives enumerated in the State Plan are very consistent with the overall service directions set in TDMHMR's Initial Strategic Plan: 1986-1991, particularly with the common emphasis on increased community living alternatives (residential services) and client/family support services.

For example, by 1991, with full implementation of the TDMHMR plan, the following would occur in TDMHMR's services to persons who are mentally retarded:

- a gradual reduction of the state school census from 9,300 to 7,500
- a concomitant increase in community residential services from 1,650 beds to 4,950
- significant increases in client support services which include:
  - -- family support services to include in-home respite
  - -- case management
  - -- early childhood intervention
  - -- vocational programs
  - -- day/evening care
  - -- diagnostic and evaluation services
- increased genetic screening and counseling services
- increases in autism and other special programs

Equal Opportunity/Affirmative Action Employer

We especially endorse the DD Plan's Goal 5 which targets services to persons with developmental disabilities who are unserved or underserved. TDMHMR is required by state law to serve identified priority populations, which by definition are the most severely disabled and those most at risk of placement in a state facility. As the DD Plan explains, "...persons with developmental disabilities with borderline or normal intellectual functioning and substantial functional limitations often remain unserved." (p. 84). This is true for services provided by TDMHMR, since these persons do not meet the strict criteria for priority populations. However, the need for services by persons in this group remains largely unmet, and the Department supports the DD Plan's intent to meet this need.

cc: Roy Kimble, Governor's Office
Roger Webb, Executive Director
Texas Planning Council for
Developmental Disabilities

JR/040/ckw
Atch

"A HUMAN ENERGY AGENCY"

TEXAS REHABILITATION COMMISSION

VERNON M. ARRELL, Commissioner

118 East Riverside Drive • (512) 445-8000 • Austin, Texas 78704

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June 24, 1986

Robert E. McPherson
Governor's Office of Budget
and Planning
P.O. Box 13561
Austin, TX 78711

RE: TX-86-06-16-0001-50

Dear Mr. McPherson:

Since the Texas Rehabilitation Commission was the co-developer of the FY 1987-89 State Plan for Texans with Developmental Disabilities, substantive comments by this Commission are not appropriate.

Sincerely,

Vernon M. Arrell
Commissioner

VMA/jlv

An Equal Opportunity Employer

FY 1987-89 TEXAS STATE PLAN FOR DEVELOPMENTAL DISABILITIES

FY 1988 STATE PLAN AMENDMENTS

JULY 10, 1987

GOALS, OBJECTIVES, AND PLAN YEAR ACTIVITIES	TARGET FOR ACTION
GOAL 1: To improve the quality and increase the availability of health-related professional and paraprofessional services to persons with developmental disabilities. (ACLS)	
OBJECTIVE 1: Promote a developmental disabilities curriculum package for physician education.	
Plan Year Activities	
1. Review curriculum developed through the developmental disabilities grant to U.T. Medical Branch-Galveston. (1983)	FY 88
2. Develop a plan regarding medical education on developmental disabilities.	FY 89
GOAL 2: To increase the availability of a full array of family support services. (ACLS)	
OBJECTIVE 1: Advocate for and support development of statewide respite care services.	
Plan Year Activities	
1. Study ~~final report~~ recommendations from the Developmental Disabilities Grant "Respite Care Network" for potential advocacy activities.	
2. Provide technical assistance and information through the developmental disabilities program project which supports development of respite services.	FY 88-89

3. Support pilot projects for direct services through a developmental disabilities program project. — FY 88-89

4. Develop a legislative strategy for the 71st Texas Legislature. — FY 88-89

OBJECTIVE 2:
Advocate for and support development of statewide attendant care services.

Plan Year Activities

1. Participate in the Attendant Care Task Force. — FY 88-89

2. Monitor the Texas Department of Human Services Pilot Attendant Care Program — FY 88-89

OBJECTIVE 3:
Advocate for and support development of statewide transition services.

Plan Year Activities

1. Participate in the Transition Services Task Force — FY 88-89

~~2. Monitor the FY 1986 Developmental Disabilities planning grant "Employment-Related Activities (ERA) Planning Study.~~

2. Review recommendations from grant projects for potential advocacy activities.

3. Provide funding to support the activities of the Transition Services Task Force. — FY 88-89

4. Support and provide input to the SCR 129/135 State Steering Committee. — FY 88-89

OBJECTIVE 4:
Advocate for and support development of a comprehensive family support system in Texas.

Plan Year Activities

~~1. Review the state-funded family support models outlined in the Wisconsin DD Council Report.~~

~~2. Request information from the Connecticut DD Council on a family support initiative with private insurance companies.~~

~~3. Develop Council recommendations for a viable family support services model for Texas.~~

~~4. Review and/or develop family support legislation.~~

1. Participate in relevant FY 88-89 state task forces ~~such as the Austism Task Force, and the Interagency Deaf-Blind Force, the TDHS Aged and Disabled Adviswory Committee Subcommitee on Disability Services and others~~ as determined by the Council and/or the Legislature. — FY 88-89

2. Provide funding for a pilot project of in-home and family support services for persons with developmental disabilities not eligible for TDMHMR services. — FY 88-89

3. Monitor implementation and provide input re: HB 1154. (In-Home and Family Support bill) — FY 88-89

GOAL 3
To promote public and private school systems which are designed to increase independence, productivity and integration into the community for persons with developmental disabilities. (ACLS and ERA)

OBJECTIVE 1:
Monitor development and completion of the educational curriculum for students with severe developmental disabilities being prepared

under the DD curriculum development grant.

Plan Year Activities

1. Provide grants management and Council liaison to grants and periodic reports to Council. FY 88-89

OBJECTIVE 2:
Advocate for appropriate instructional arrangements for students with developmental disabilities in public schools so that students with disabilities have opportunities for instruction and integration with non-disabled students.

Plan Year Activities

~~1. Monitor the Texas Education Agency accreditation process for independent school districts which includes opportunities for integration as one of the criteria.~~

1. Provide input during the sunset review process of TEA. FY 88-89

~~2. Promote training and experience in the area of developmental disabilities for regular education teachers and parents in independent school districts.~~

2. Monitor implementation of Senate Concurrent Resolutions # 60 and 81 on special education issues (integration and Individualized Education Plans). FY 88-89

GOAL 4:
To increase the availability and stability of community living options and appropriate support services. (ACLS)

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OBJECTIVE 1:
~~Monitor implementation of developmental disabilities community living grants for potential recommendations to~~ Provide DD Program funds to grantees which increase the availability and stability of community living options and appropriate support services and provide recommendations to the Council.

Plan Year Activities

1. Provide grants management and Council liaison to the developmental disability project being implemented by the Association for Retarded Citizens-Texas to establish housing and provide periodic reports to the Council. — FY 88

2. Provide grants management and Council liaison to the ~~Monitor~~ DD project being implemented by the Mental Health Association - Texas to establish housing and and residential services. — FY 88

3. Provide grants management and Council liaison to ~~Monitor results of~~ the DD project 'Independent Evaluation of the Intermediate Community Services Program' for legislative and appropriations recommendations. — FY 88-89

4. Provide grants management and Council liaison to ~~Monitor results of~~ the Developmental Disabilities Project 'Independent Evaluation of the Development of the Texas Community Services System' for legislative and appropriations recommendations. — FY 88-89

5. Provide grants management and Council liaison to ~~Monitor the results of~~ the DD grant ~~to provide residential and supportservices to persons participating in the TDMHMR model placements initiative~~ implemented by Richmond State School which will provide technical assistance to develop residential alternatives for persons with significant maladaptive behaviors. FY 88-89

OBJECTIVE 2:
Monitor ~~Provide information about~~ public policy and state and federal legislation impacting residential and support services and develop strategies, as appropriate.

Plan Year Activities
~~1. Monitor public policy and state and federal legislation.~~

1. Engage in coordination and advocacy activities that will increase community living options and support services. FY 88-89

2. Publish ~~Issue~~ periodic 'Information Alerts' and bimonthly issues of 'Highlights.' FY 88-89

3. ~~Study ICF-MR survey reports and make recommendations to the full Council for future action.~~ Develop format for and provide summary information to the Council from the ICF-MR reports received. FY 88

~~OBJECTIVE 3:~~
~~Advocate for proposed legislation and appropriations requests at the state and federal level that will increase community living options and support services.~~

~~STRATEGY~~

~~1.~~ ~~Engage in legislative advocacy activities that will increase community living options and support services.~~

4.~~2~~. Advocate for fair and equitable arrangements to protect the interests of employees affected by actions under the plan to provide alternative community living arrangement services, including arrangements designed to preserve employee rights and and to provide training and retraining of such employees where necessary arrangements under which maximum efforts will be made to guarantee the employment of such employees. FY 88-89

~~OBJECTIVE 4:~~
~~Promote increased availability of community living options and appropriate support services, such as case management services.~~

~~STRATEGY~~

5.~~1~~. Initiate development of a television Public Service Announcement (PSA) and other public information in the area of community living. FY 89

6.~~2~~. Support efforts of other organizations and state agencies to promote independent living options. FY 88-89

OBJECTIVE 3:~~5~~:
Promote the development of appropriate rules and regulations regarding certification and licensure standards in community living programs and support services.

Plan Year Activities

1. Study certification and licensure issues occurring in programs providing services to persons with developmental disabilities.	FY 88-89
2. Support equitable resolution of certification and licensure issues through input to agencies promulgating rules and regulations.	FY 88-89
3. To advocate for quality assurance in all developmental disabilities service programs by encouraging state and local service provider agencies to seek appropriate accreditation, licensure and/or certification.	FY 88-89

OBJECTIVE 4:~~6~~:
Promote the development of insurance coverage for persons with developmental disabilities.

Plan Year Activities

1. Identify insurance coverage issues and current legislative resolutions and task forces/committees involved in studying in surance issues.	FY 88-89

OBJECTIVE 5:~~7~~:
Monitor issues regarding protection of client rights in residential services programs.

Plan Year Activities

1. Monitor and resolve client rights issues in developmental	FY 88-89

disabilities grants projects.

2. Monitor client rights issues in institutions and community-based residential services as reported by Advocacy, Inc. — FY 88-89

3. Provide input to state agencies promulgating rules regarding protection of client rights issues. — FY 88-89

GOAL 5:
To promote development of appropriate services to persons with developmental disabilities who are unserved and underserved. (ACLS & Employment-Related Activities (ERA)

OBJECTIVE 1:
Advocate for legislation and FY 88-89 appropriations which establish agency responsibilities for all persons with developmental disabilities who are currently unserved, underserved or inappropriately served.

Plan Year Activities

1. Study and make recommendations for services for persons with developmental disabilities who are currently unserved, underserved or inappropriately served. — FY 88-89

2. Coordinate with other consumer/advocacy groups concerning statewide services to all persons ~~Provide input during the sunset review process about the service needs of persons~~ with developmental disabilities. ~~who are unserved, underserved or inappropriately served~~. — FY 88-89

3. Provide input to and monitor the implementation of the Joint Long-Range Plan for Persons with Developmental Disabilities by TDHS and TDMHMR. — FY 88-89

OBJECTIVE 2:
Provide public information regarding program models which provide services to persons with developmental disabilities who are unserved or underserved.

Plan Year Activities
~~1. As stated in Objective above.~~

1. Provide public information through "Highlights," the Biennial Report to the Governor and other reports and media. — FY 88-89

GOAL 6:
To promote the use of technological developments that enhance the potential of persons with developmental disabilities for maximum independence, productivity, and integration into the community. (ACLS & ERA)

OBJECTIVE 1:
Monitor implementation of the Developmental Disabilities model services program in 'Regional Rehabilitation Technology Services.'

Plan Year Activities
1. Provide grants management ~~Staff~~ and Council liaison to project ~~grant~~ and provide periodic reports to Council. — FY 88-89

OBJECTIVE 2:
Promote in-service and pre-service training in the area of rehabilitation technology resources for service providers.

Plan Year Activities

1. DD project will develop ~~Provide~~ public information materials describing ~~available~~ rehabilitation technology resources ~~for statewide distribution in cooperation with~~ available from the Texas Rehabilitation Commission, the Texas Education Agency, the TDHS and other agencies providing these services. — FY 88-89

OBJECTIVE 3:
Initiate communication with other private and public sector organizations regarding advances in rehabilitation technology.

STRATEGY

1. As stated in Objective above — FY 89

GOAL 7
To assist the State of Texas in developing a data management system that will facilitate effective planning, resource allocation, and evaluation of services to persons with developmental disabilities. (ACLS)

OBJECTIVE 1:
Advocate for ~~with the Council on Disabilities for funding of a~~ statewide demographic ~~survey~~ data to determine the prevalence and location of persons with disabilities.

Plan Year Activities

~~1. Provide legislative testimony in support of the demographic survey.~~

~~2. Consider a funding recommen-dation to the administering agency to offer a 'challenge grant' to the State as an incentive to fund the survey.~~

1. Provide grants management and Council liaison to the Developmental Disabilities ACLS project and provide periodic reports to the Council. — FY 88-89

2. Provide input to other state agencies to enhance their data collection efforts. — FY 88-89

3. To analyze ~~new~~ developmental disabilities prevalence information and determine strategies for future advocacy and coordination activities which include recommendations concerning resource allocation. — FY 89

OBJECTIVE 2:
Identify the elements of a client information data base.

Plan Year Activities

1. Study the data elements used by the California Department of Developmental Services (report 8/85). — FY 88

2. Provide information to the ~~Sunset Commission~~ to the SCR 129/135 Steering Committee and to the Transition Services Task — FY 88-89

Force regarding the need for common data elements.

GOAL 8
To increase the availability of meaningful, age appropriate activities for adults with developmental disabilities which increase their potential for independence, productivity, and integration into the community. (ERA)

OBJECTIVE 1:
Promote the use of Individual Transition Plans (ITPs) by school districts statewide for all students in special education to assist in the transition from school graduation to adult life.

Plan Year Activities

1. Provide input to the SCR 129/135 Steering Committee. — FY 88-89

~~1. Monitor the FY 1986 DD grant in education curriculm which will include ITPS.~~

2. Participate in the Transition Services Task Force. — FY 88-89

OBJECTIVE 2:
Advocate for effective transition planning for clients leaving ICF-MR facilities (state schools and ICF-MR facilities) for community placement. ~~in non ICF-MR facilities~~.

Plan Year Activities

1. Review recommendations ~~Receive periodic reports~~ from the developmental disabilities grant — FY 88-89

Independent Evaluation of the Development of the Community Services System' which includes an evaluation of the TDMHMR placement program for clients being placed in communities from state schools.

OBJECTIVE 3:
Monitor implementation of community-based programs in Texas. ~~(Medicaid Waiver program, TDMHMR incentive payments~~).

Plan Year Activities

1. Provide grants management and Council liaison to and review periodic ~~interim and final~~ reports of the Developmental Disabilities grant 'Independent Evaluation of the Texas Intermediate Community Services Program.' FY 88-89

2. Provide grants management and Council liaison to and review periodic reports from ~~Monitor the results of~~ developmental disabilities projects providing community based services (~~5130~~, ~~5131~~, ~~5136~~, ~~5139~~ 87301, 87303, 87304, 87305, 87306) FY 88-89

OBJECTIVE 4:
Monitor implementation of the TDMHMR Initial Strategic Plan 1986-91 ~~Mental Retardation Services Six-Year Plan~~.

Plan Year Activities

1. Seek membership on the TDMHMR citizens planning advisory committee ~~for the six-year plan~~. FY 88-89

2. Provide periodic staff reports to the Council on implementation of the TDMHMR Strategic Plan. FY 88-89

OBJECTIVE 5:
Promote development of vocationally oriented programs for all persons with developmental disbilities.

Plan Year Activities

~~1. Provide advocacy for legislation and appropriations which increases the number of vocationally-oriented programs.~~

1. Provide grants management and Council liaison to developmental disabilities Multi- dimensional Support Services projects. FY 88-89

2. Provide grants management and Council liaison to developmental disabilities transitional supported employment projects. FY 88-89

3.~~2~~. Provide public information on employment for persons with developmental disabilities. FY 88-89

4. Coordinate with TEA, TDMHMR, TCB and TRC regarding employment-related activities programs for persons with developmental disabilities through the developmental disabilities ERA Planning project. FY 88-89

5. Sponsor an evaluation of developmental disabilities Program employment-related activities programs. FY 88-89

OBJECTIVE 6:
Advocate for effective transition planning for adult offenders and probationers with developmental disabilities.

Plan Year Activities

1. Study final recommendations for developmental disabilities grant 'Project Amicus'and develop strategies for future action. — FY 88

GOAL 9:
To facilitate the development of a comprehensive service delivery system in the area of employment-related activities for persons with developmental disabilities. (ERA)

OBJECTIVE 1:
Advocate for legislation and appropriations in the area of employment-related activities.

Plan Year Activities

1. As stated in Objective above — FY 88-89

OBJECTIVE 2:
Monitor implementation and develop recommendations for future action of the FY 1986 Developmental Disabilities planning grant 'Employment-Related Activities Planning Study.'

Plan Year Activities

1. Provide grants management and Council liaison to the Developmental Disabilities ERA Planning project. ~~Participate in the public forums to be~~ — FY 88-89

~~implemented through the~~ grant.

2. Review project recommendations and develop future coordination and advocacy strategies. ~~the draft ERA State Plan to be produced by the grant.~~ FY 88-89

~~3. Approve the revised ERA State Plan.~~

OBJECTIVE 3:
Promote interagency contracts/agreements to fill gaps in ERA services for persons with developmental disabilities.

Plan Year Activities

1. Monitor implementation of SCR 129/135 Agreement regarding: Transition services to adult ~~vocational~~ services by TEA/TRC/TDMHMR. FY 88-89

~~2. Engage in joint planning with the Governor's Committee for Disabled Persons and other appropriate groups to address gaps in employment-related services.~~

2. Provide technical assistance and training to develop local interagency efforts through the ERA Planning Project regional liaisons. FY 88-89

OBJECTIVE 4:
Develop instructional materials for training of service providers, parents and consumers in the area of ERA.

Plan Year Activities

~~1. Monitor the FY 1986 planning grant 'Employment-Related Activities Planning Study.'~~

1. As stated above, through developmental disabilities grant projects. FY 88-89

OBJECTIVE 5:
Promote replication of the effective ERA programs.

Plan Year Activities

~~1. Sponsor a statewide conference highlighting innovative programs in employment-related activities in Texas.~~

1. North Tx State University and the ERA Planning Project will coordinate training and workshops on a local, regional basis. FY 88-89

OBJECTIVE 6:
Promote public awareness of needs and resources in the area of ERA through public information activities involving both state agencies and the private sector.

Plan Year Activities

1. Participate in interagency planning opportunities offered through federal Administration on Developmental Disabilities or state initiatives. FY 88-89

2. Develop public information activities in the area of employment-related activities FY 88-89

GOAL 10:
To promote consumer input and involvement in activities of the Texas Planning Council for Developmental Disabilities and other public and private agencies. (ERA,ACLS)

OBJECTIVE 1:
Promote public awareness about the TPCDD through a variety of media.

Plan Year Activities

1. Issue press releases concerning new Council members, new grants and special events being sponsored by TPCDD. — FY 88-89

2. Publish notices in "Highlights" and the Texas Register to make available to the public the annual Developmental Disabilities Program Grants Awards Notebook. — FY 88-89

3. Present awards (Certificates of Appreciation) to groups or individuals 'for outstanding efforts on behalf of persons with developmental disabilities in the State of Texas.' — FY 88-89

4. ~~Conduct annual grants conferences to promote public awareness of Developmental Disabilities grant projects and Council goals.~~

4. To catalogue resources (publications, videotapes, etc.) for public dissemination.

5. ~~Conduct annual grants conferences to promote public awareness of DD grant projects and Council goals.~~

OBJECTIVE 2:
Conduct periodic public forums.

Plan Year Activities

1.	Promote public awareness of the Council.	FY 88-89
2.	Seek targeted consumer input in areas such as advocacy needs, state plan development and legislative priorities.	FY 88-89

OBJECTIVE 3:
Broaden the base of the Information Alert System to 1,000 persons in Texas.

Plan Year Activities

1.	Publish notices in other Texas newsletters about this service.	FY 88-89

OBJECTIVE 4:
Increase the size of the 'Highlights' mailing list.

Plan Year Activities

1.	Send an introductory issue to all regional offices of state agencies represented on the Council.	FY 88

OBJECTIVE 5:
To promote consumer involvement in activities sponsored by the TPCDD.

Plan Year Activities

1.	Consider additional mechanisms to ensure involvement of primary consumers in conferences/meetings/forums sponsored by the Council.	FY 88-89

OBJECTIVE 6:
Promote public acceptance of persons with developmental disabilities in communities.

Plan Year Activities

1.	Initiate a television Public Service Announcement aimed at increasing public acceptance of persons with developmental disabilities in communities.	FY 88

GOAL 11:
To ensure compliance with the Federal Developmental Disabilities Act and procedures of the administering agency by maintaining efficient and effective administration of the Texas Planning Council for Developmental Disabilities Program.

OBJECTIVE 1:
Annually obligate all priority services funds by the close of the fiscal year.

Plan Year Activities

1.	Develop funding activities ~~requests for proposals~~ which have potential for statewide improvements to the service delivery system.	FY 88-89
2.	Monitor approved budget plan to obligate available funds.	FY 88-89

OBJECTIVE 2:
Monitor all grant projects to ensure fiscal and programmatic compliance with regulations, and with the intent of the requests for proposals.

Plan Year Activities

1.	Review all interim and final grant reports and products for potential Council advocacy and planning activities.	FY 88-89
2.	Provide monitoring of DD program projects and periodic reports to TRC and the Council.	FY 88-89
3.	Produce an annual listing of all exemplary materials produced by grants for public distribution.	FY 89

OBJECTIVE 3:
To use the State Plan to guide the systems change goals and objectives of the Council.

Plan Year Activities

1.	Annually review and update the State Plan.	FY 88-89
2.	Review and comment on state plans under federally-assisted programs listed in the DD Act.	FY 88-89
3.	Prepare the FY 1990-93 State Plan.	FY 89

OBJECTIVE 4:
Ensure compliance with requirements of the federal and state administering agencies.

Plan Year Activities

1.	Respond to all Administration on Developmental Disabilities program instruction memoranda to meet established deadlines.	FY 88-89

2. Participate in the long-range legislative appropriations and implementation planning system of the administering agency. — FY 88-89

3. Prepare a Biennial ~~Annual~~ Report to the Governor for 1986-87 ~~Administration on Developmental Disabilities~~ — FY 88

4. Prepare the Annual Performance Report to the Administration on Developmental Disabilities. — FY 88-89

OBJECTIVE 5:
Ensure ongoing coordination of Council objectives.

Plan Year Activities

1. Periodically review and update the Management Agreement between the Council and administering agency. — FY 89

2. Periodically review and update Council policies. — FY 88-89

3. Annually vote on participation in the National Association of Developmental Disabilities Councils. — FY 88-89

OBJECTIVE 6:
Obligate state funds for administrative coordination and oversight of the Texas Planning Council for Developmental Disabilities Program.

Plan Year Activities

1. Periodically review and update agency rules for the Developmental Disabilities Program. — FY 89

2. Monitor approved budget plan to obligate available funds. — FY 88-89

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